V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

Every item of infor-

Exact statement of OCCUPA.

STATE OF I	MARYLAND-	CERTIFICA	TE	OF	DEATH
------------	-----------	-----------	----	----	-------

	1. PLACE OF DEATH	(3) 11500	
	County allegymun	Registration Dist. No.	
	Village or City 15 of the miles	No. St, Wardcath occurred in a hospital or institution, give its NAME instead of street and number)	rd
1	/}	. 39 ds. How long in y.S. it of foreign birth?yrsmos	ds.
/	2. FULL NAMES ling beth I al	Promules	
/	(a) Residence: No. Baston Md	St., Ward.	
	(Usual place of abode)	1f nonresident give city or town and State	DALE .
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATHOCK. 28 (Day) (Year) (Year)	
	5a. If married, widowed, or divorced		
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from the court 28 the 1931	oni
te.	6. DATE OF BIRTH (month, day, and year) Down 15. 1554	I last saw h a alive on Out 2 8 d 1931; death is sa	aid
ica	7. AGE Years Months Days If LESS than 1 day. hrs.	to have occurred on the date stated above, at 7.500, .m.	
certificate.	76 10 14 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	et
f ce	8. Trade, profession, or particular kind of work done, as SPINNER.	Chrone Sulerslike	
k of	S. Hade, profession, or particular to the find of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	replicates 1923	5
instructions on back	work was done, as SILK MILL, SAW MILL, BANK, atc.		
uo	work was done, as SILK MILL, SAW MILL, BANK, atc		
ns	yaar) - State 1-1-1+ oscupation - Villa	Other Contributory Causes of importance:	
ctio	12. BIRTHPLACE (city or town) Cumberlong MJ.	Uraenue coma Oct 2.	5.31
tru	(Stata or country)		
ins	13. NAME seft samueld.		
See	14. BIRTHPLACE (city or town) M.T. Sarvag	Nama of operation	
	(State of Country)	What test confirmed diagnosis? Was there an autopsy?	
important.	E 15. MAIDEN NAME W thil for Mary	23. If death was dua to axteroal causes (VIOLENCE) fill in also the following:	
ort	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide?	
imp	Or Close Orande	Where did Injury occur? (Specify city or town, county and State)  Specify whether injury occurred in IMOUSTRY, in HOME, or in PUBLIC PLACE.	
	17. INFORMANT (Address)	Specify whether injury occurred in Two OSTKT, in nome, of the Poblic Place.	
is very	18. BURIAL CREMATION, OR REMOVAL Cometery	Manner of injury	
	Place Date 0 193	Natura of injury	
TION	19. UNDERTAKER S Brak	24. Was disease or injury in any way related to occupation of deceased?	
H	(Address) Barton MA	If so, specify	
	20, FILED 16/31 131 2/2 Daucher	(Signed) m m corrunt	. D.
	Registrar.	(Address) malaus - ms.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:		Example II		
		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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STATE OF MARY	AND-CERTIFICAT	E OF DEATH
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A DIAGO OF DESCRIPTION	CERTIFICATE OF BEATT
1. PLACE OF DEATH	CORPORATE LIMITS 307-3 Registration Dist. No. 4
County Allegany withth	CORPORT Registration Dist. No.
Village of City Country CT Test Ct	No. Memorial Hospital 56 / Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Valentino Artinghelli	ndw.
(a) Residence: No. 213 Hay St Cumb., Md.	Mard.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male  4. COLOR OR RACE OR DIVORCED (write the word) Married	21. DATE OF DEATH 18 , 193. [
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of	22. BY CERTIFY. That attended deceased from
Teresa Carpenti	Sa. 1, to got . 10, 1981
6. DATE OF BIRTH (month, day, and year)	I last saw h death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importance
34 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, os SPINNER, Laborer	agrident. Md
SAWYER, BOOKKEEPER, etc.	Mistre William (19.173)
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	foroils and accepted
	P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
this occupation (month and Ost 17 spant in this 3 spatting this 3 spant in this 3 spant in this 3 spant in this 3 spant in the spant in	oushed by a nathroad car curys
12. BIRTHPLACE (city or town)	Other Contributors Causes of importance:
(State or country) Italy	Livek- Deusukass
13. NAME John Artin ghelli	0. 0.
13. NAME John Artinghelli  14. BIRTHPLACE (city or town)	Name of operation 19 2 pear 1 Undersease of
(State or country) Italy	What test confirmed diagnosis?
15. MAIDEN NAME Dominica	23. If death was due to external causes (VIOL ENCE) fill in also the official
15. MAIDEN NAME DOMINICA  16. BIRTHPLACE (city or town)  (State or country)  The last	Accident, suicide, or homiside Deceler Date of injery 2 . 17, 193
16. BIRTHPLACE (city or town)	Where did injury occur? Pulled and Ma
17. INFORMANT Memorial Hospital.	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Cumberland, Maryland	akutle Haer
18 BURIAL DEMITION, OR REMOVAL	Manner of injury rughed by Car
Hannes (en) 10aje (10h 21 1931	Nature of injury and and an animal and an animal and an animal and animal animal and animal a
Transit Iti 1900	// ///
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
Oak at 31 Have	(Signed) M. Theresig
20. FILED TO 19. 19. Harwly Registrar.	(Address) lewel and
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, inchanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory tauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: 0 5 1931  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	TIMITS //.
County Allegary.	CORPORATE Registration Dist. No. 2
Village or City Colombiana (If	death occurred in a hospitator institution, size its NAME instead of street and number)
Length of residence in city of town where death occurredyrs,mos	
2. FULL NAME Charles Ch ast	<b>O</b> :
(a) Residence: No. 236 Pacs	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
4. COLOR OF RACE 5. SUNGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male nate more more the word	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Coral. USD.	22. I HEREBY CERTIFY, That attended deceased from
6. DATE OF BIRTH (month, day, and year)	Hast saw h alive on October 19 19 31 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 10 27, n.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Frature of spull 10-19-31
SAWYER, BOOKKEEPER, etc	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked et this occupation (month and spent in this	
year) occupation	Other Centributory Causes of importance:
12. BIRTHPLACE (city or town) 4. Va	Outer Constitution, Causes of Importance.
(State or country)	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	
I4. BIRTHPLACE (city or town)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there en au'opsy?
E / A	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury 10 - 1719, 31
State or country	Where did injury occur? Translated Road W. Va.
Ing. ann.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Public Place
18. BURTAL, CREMATION, OP REMOVAL 2	Manner of injury Outomobile Occident
Sampfuld It. Vante Ult 21, 19.31	Nature of injury Fracture of skull!
19. UNDERTAKER Amis Stem Inc	24. Was disease or injury in any way related to occupation of deceased?
(Address) truthland, Md.	If so, specify
20. FILEDCX, 21, 1931. Harvey + Clers	(Signed) 207 ISI OTTING M. D.
Registrar.  If more blank are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 101 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
20 x 20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	¥		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
stat UPA	1. PLACE OF DEATH	MITS (1/9)
PI	County allegans	ORPORATE LIMITS (19) Registration Dist. No. 4  No. 40 5 averal Chee St. /
should occ	Village or City Benefit and WITHIN	No LLA & Barriett Alexa st 1
/ 0		death occurred in a norphal of institution, give his ty-Aiving instead of street and number
CIANS	Length of residence In city or town whore death occurredyrs mos	ds. How long in U.S. if of foreign birth? yrs mos
PHYSICIANS ict statement	2. FULL NAME Les aldine Boeghle	1)
7SI stat	(a) Residence: No. 405 Christa Our	St., Ward.
	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
7	OR DIVORCED (write tha word)	OP 3 19
T.L.	5a. If married, widowed, or divorced	(Month) (Day)
Si C	HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY hat   altended dece
X A		Jef 21 1931 to O'et 9
	6. DATE OF BIRTH (month, day, and year) June 18 1931	I last shw h_ Walive on
ed fica	7. AGE Years Months Days II LESS than 1 day,	to have occurred on the data stated above, at
stated E properly certificate	3 /5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of impartance were as follows:
be po	8. Trade, profession, or particular kind of work done, as SPINNER,	
	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  1. Industry or business in which work was done as SILK MILL	Mabneutition.
may	SAW MILL BANK etc	
= =	10. Date deceased last worked at 11. Total time (years)	
	this occupation (month and year) spent in this occupation	
instructions	12. BIRTHPLACE (city or town) Bulled 4	Other Contributory Causes of importance:
ruc	(State or country) mary and	
instru	13. NAME Park Beechly	
٠, د	14. BIRTHPLACE (city or town) accordent	Name af operation
Se	(State or country) marsland	What test confirmed diagnosis? Was there an autop
ant.	15. MAIDEN NAME CLE Dave	23. If death was due to external causes (VIOLENCE) fill In also the following:
44	16. BIRTHPLACE (city er town) Bandul and	Accident, suicide, or homicide? Date of injury
EATH	E (State or country) Marshand	Where did injury occur?
	17. INFORMANT Park Beeghly	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
very	(Address) 405 Quit et lack belond to	
SO.	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
7	Place asudut Ind Date Ort 5 ,181	Nature of injury

If more blanks are seeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Address) \_

24. Was disease or injury In any way related to occupation of deceased?

instead of street and number)

FY\_Ihat I altended deceased from

..... Data of ... ----- Was there an autopsy?-----

\_\_\_ Date of injury\_\_\_\_\_\_, 19\_\_\_\_\_

., 193/\_ : death is said

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis 10 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE

V. S. No. 1

1	te	-	
-WRITE PLAINLY, WITH UNFABING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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ite	S	Jo	1
ry	NS	nt	
Eve	NA	ST.	
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AID	d h	)E	in
PL	no	F	ery
ā	sh	0 3	TION is very important. See instructions on back of certificate.
RIT	ion	S	Z
W.	nat	SAL	CIO
	=	-	E-d

STATE OF MARYLAND—  1. PLACE OF DEATH  County Clauside  Village or City Currently City Lim	of 115C4 Registration Dist. No.
Length of residence in city or town where death occurred yrs mos.  2. FULL NAME Clearles Q Store  (a) Residence: No. Willow Brook  (Usual place of abode)	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (2015 the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from 25. 26. 19.2.1, to 0 4. 27. 19.2.1
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Month  Days  If LESS than  1 dey, hrs.  or nin.	to have occurred on the date stated above, at 9:43% m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year).	Marking Date of onset  War assured  Entero coefficients  Defer Contributory Canses of importence:
12. BIRTIIPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  (State or country)	Name of operation Date of
(State or country)	Whet test confirmed diegnosis? Was there en autopsy?
1S. MAIDEN NAME Mary & Brown  16. BIRTHPLACE (city or town)  (State or country)  (State or country)	23. If death was due to external causes (VIDLENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT (Address)  18. BURIAL, CREMITION, OR REMOVAL Place  18. Date  18. Date  18. Date  18. Date  18. Date  19. 19. 31.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury
19. UNDERTAKER QUIS Stew due (Address)  20. FILED CA 2 1931. Haven HVIII	24. Was disease or Injury In any way related to occupation of deceased? If so, specify  (Signed) Was also as a second of deceased? Mr. D.
Registrar.	(Address) 122 Sealfuel 17

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritia ( )	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
EUREAU T. G.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state MARGIN RESERVED FOR BINDING V. S. No. 1

	STATE	OF MARYL	_AND—	CERTIFICATE OF DEATH
1. PLACE OF	DEATH 17	HIN SO		(210) M
County Co	Megan	4	72575	Registration 'Dist. No 7
Village or Cit	y Throst	lung	A.C.	No. Multo Nosputal St., Wa death occurred in a hospital or institution, give it NAME instead of street and number)
Length of resid	ence in city of spwn when	death occurred	.yrsmos.	
2. FULL NAM	IE forte	11 Van	glun	Borren
(a) Residenc	e: No./37	ashing	later.	St., Ward.
		(Usual place of al		If nonresident give city or town and State
3. SEX	4. COLOR OR RACE	TICAL PARTICU		MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
male	mlute	5. SINGLE, MARRIET OR DIVORCED (20		(Month) (Day) , 193 (Year)
5a. N married, widowe HUSBAND of	d, or divorced		10	22. // HEREBY CERTIFY, Tight I attended deceased fr
(or) WIFE of	Joyshia	Lucsons	n/Ones	Det 18 1931 no oct 19 193
6. DATE OF BIRTH (n	nonth, day, and year)	mg 12.	1864	t last saw h alive on def (9, 193/; death is s
6. DATE OF BIRTH (no. 7. AGE Years)	Months	Days	If LESS than day, hrs.	to have occurred on the date stated above, at 12:40 A.m.
(c)	7 2	-	rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
kind of wo	rk done, as SPINNER.	0	4	Compound frailure of both
	BOOKKEEPER, etc	janu		vones of both less-below
	done, as SILK MILL, , BANK, etc	·		Conquescon of Bone
o. this occup	last worked at His	3   11. Total time of spent in	this	Laceration of Scalp
year)	214	oenupati	on	Other Coutributory Causes of importance:
12. BIRTHPLACE (city (State or count		nulder	ling	
13. NAME	DG 1/2	Baradal	grand	
ala	in the	Con the state of t	2	Reduglion of tractive street
14. BIRTHPLACE	,	onyca		What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAM	E Lina	Youch	any	23. If death was due to external causes (VIOLENCE) fill in also the following:
Table 15. MAIDEN NAM  16. BIRTHPLACE (State or	city or town)	Emla	nd	Accident, suicide, or homicide? accident Date of injurget 18, 193
⊙ State or		11		Where did Injury occur? Fresh eurg Ind (Specify city or town, county and State)
	Hobert.	19graco	L of	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) 18. BURIAL, CREMAN	ON OR REMOVAL	strings	oy as	Junelly Starte
.50		m Date Hit	21,19.31	Nature of Injury Frankus - Companied
19. UNDERTAKER	Ya of the	(1)	-	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER	Trestly	May had	,	If so, specify
1	131.31	4. On a	nı	(Signed) Wom C fare JU M
20. FILED	19-1		Registrar.	(Address) Trasfuurg mg
	If mo	re blanks are needed, addre	ss State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	b	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	3, 1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
T T S.				
Other contributory causes of importance:	2	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	PACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN	ĺ
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V. S. No. 1

(	M		PHYSI-
		CORD	ly supplied. ACE should be stated EXACTLY, PHYSI-
-	0	VENT L	be stated
	BINDIN	PERMA	should
(	20	IS A	ACE
	SERVED FOR BINDING	NKTHIS IS A PERMANENT ACORD	y supplied.

PLACE OF DEATH	1506 STATE OF MARYLAND
County allegain	CERTIFICATE OF DEATH
	Registration Dist, No.
12 Nam all	
Village or City (No.	St.: Ward) (If death occurred in a hospital or institu-
PULL NAME Samuel Mack	Pusty Bours tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. MUDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH O Story 2, 1923/ (Month) (Day) (Year)
6 DATE OF BIRTH  MOLL / 6 , 18 / 7  (Month) (Day) (Year)	that I last saw have alive on Oct 1 1928
7 AGE If LESS than I day	and that death occurred on the date stated above, at J. 3.6 A.m. The CAUSE OF DEATH * was as follows:
O yrs. 0 mos. ds. or min.?  O CCUPATION (a) Trade, profession or particular kind of work	2+ Side paralysis.
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Constitute The farities
9 SIRTHPLACE (State or country) Bildford Pa	Secondary (Duration) yrsmosds.
10 NAME OF FATHER Phu Bower	(Signed) A y Boally M. D.
OF FATHER  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Julia Mennul	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
Unformant Colin Rowers	Former or usual residence
(Address) Mt Savoge Ind	Jut oavage and Date of Burial
Filed 10/2 1931 A Sostelle Was	20 UNDERTAKER JODRESS TASTELLE
If more blanks are needed, addre.s State Registral	r, 16 W Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-thred 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. Foreman, (b) Automobile foctory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm loborer, Laborer-Cool mine, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Doy 6 Grocery;

Streement of Cause of Death—Name, first, the DISEA. 2 (\*\*VESING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(Recommendations on statement of cause of death American Medical Association.) approved by telanus) may be stated under the head of "contributory." (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, corbolic acid—probably suicide. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Examples: Accidental drowning; Struck by roilwoy train-Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJUNY Committee on Chronic valvular heart disease; nephritis, etc. The contributory The nature of the injury, Nomenclature of the contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY

PHYSICIANS should state Exact statement of OCCUPA. WITH UNFADING INK-THIS IS A PERMANENT RECORD AGE should be stated EXACTLY. be properly classified. certificate. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE O	F DEATH			- m 11507
County	-A-llegany			Registration Dist. No.
Village or	City Mt. Sava	ge	(lí	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long lo U.S. if of foraign birth? yrs. mos. ds.
2. FIII 1 NA	ME Betty Le	wie Dride	0.5	
	nce: No.			St., Ward.  If nonresident give city or town and State
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MAR	RIED. WIDOWED, D (write the word)	21. DATE OF DEATH Oct. 20 193 1 (Month) (Day) (Year)
5a. If marriad, wido HUSBAND of (or) WIFE of	wad, or divorced			22. I HEREBY CERTIFY, That I ettended decaasad from Oct., 18, 1931, to Oct., 18, 1931
	(month, day, and year) pars Months	July 20th	If LESS than I day,hrs.	I last saw h <u>er</u> alive on Oct., 18, 1931; death is said to have occurred on the date stated above, at <u>9. A. M.</u> The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
kind of SAWYEI	ession, or particular work done, as SPINNER, R, BOOKKEEPER, atcbusiness in which as done, as SILK MILL,			Malnutrition
TIII2 OCC	ILL, BANK, etcsed last worked et upation (month end	spen	me (yaars) nt In this pation	Starter anterities: one month a curson.  Other Contributory Causes of importance:
12. BIRTHPLACE (c	rity or town)	-Savage 1	V:d	Citic Catalactory Catalacty, Importance.
13. NAME	Lewis Bridges			
(Steta o	E (city or town)	At. Savage	e Md.	Name of operation Date of What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN N	AME Mandy Wi	right		23. If death was due to externat causes (VIOL ENCE) fill in also the following:
	E (city or town)	Claysburg	g Penn.	Accidant, sulcide, or homicide?
I7. INFORMANT (Addrass)	·Husband	Mt. Savage	e Md	(Specify city or town, county and State) Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMETIONS DERINGED  Place				Manner of Injury
19. UNDERTAKER (Address)  20. FILED OCA	HOOCOL 2/3/-H.	Haj La lib	ttund o	24. Wes disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Caristones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	IN CORPORATE LIMITS (3)  Registration Dist. No.  Registration Dist. No.  Ward
County allegany	IN CORPORATE Registration Dist. No.
Things of oil	No. Costally House St., 3 Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	
2. FULL NAME Mary Runger Bro	okman
(a) Residence: No. County Home (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  So. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  So. If married, widowed, or divorced	21. DATE OF DEATH  (Month) 6 - (Day) - 193 (Year)
HUSBAND OF Frank N. Brookman	22. I HEREBY CERTIFY That I attended deceased from 19 31, to 10 - 6 - 19 31
6. DATE OF BIRTH (month, day, and year) dug 5 1852	t last saw hely alive on 10 5 , 19 37; death is said
7. AGE Years Months Oays If LESS than 1 day,hrs. orrain.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MiLL, SAW MILL, BANK, etc.	Ohrom Muss and
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	OFrem lofthyto
12. BIRTHPLACE (city or town) (State or country)  Mary Rand	Other Contributory Causes of importance:
	-
13. NAME RISTHPLACE (city or town) (State or country)	Name ef operation
15. MAIDEN NAME Not Russey	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city er town)	Accident, suicide, or homicide?
(State or country) Lermany	Where did injury occur?
17. INFORMANT Mes Dessie Brookman (Address) Potomas Park bumkeland	(Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place St. Ster & aul Centre Oct 8, 1931	Manner of injury
19. UNDERTAKER Louis Steine Sup (Address) Cumball and MA	24. Was disease or injury in any way related to occupation of deceased?
20. FILE Oct, 8, 19 31. Hawy H. Weiss Registrar.	(Signed) / 14 / Williams D. (Address) Olimberland M.
If more blanks fre needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Date of onset		
1915	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

# PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD stated EXACTLY. properly classified. IARGIN RESERVED FOR BINDING AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

B.-WRITE

ż

certificate.

of

TION is very important. See instructions on back

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	PLACE OF	DEATH Allegeny			ORATE LIMITS 94-00 11509 /L	
	oddinty	Cumberlar	d. Md w	THIN CORP	No. The Dingle Registration Dist. No. St.,	/
	Village or City_		N.	(1	No. St., f death occurred in a horpital or institution, give its NAME instead of street an	d number)
	Length of residence	e In city or town where	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2.	FULL NAME	William.	W.Brown			
	(a) Residence:	No. The Din	gle		St., / Ward.	
			(Usual place		If nonresident give city or town as	nd State
3. S		COLOR OR RACE			MEDICAL CERTIFICATE OF DEATH	
	Male	White		RRIED, WIDOWED, D (write tha word)	21. DATE OF DEATH Oct 30.1931 (Month) (Oay)	, 193 (Year)
5a. 1	II married, widowed, o HUSBANO of (or) WIFE ol	nazer c	Brown.		22. I HEREBY CERTIFY, That I attenda	d deceased from
e D	ATE OF MARTH (man		BER 9	1870	I last saw h alive on 19	; death is said
7. A	ATE OF BIRTH (mon GE Years 61.	Months	0ays 21	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 7 · 30 · Pm The PRINCIPAL CAUSE OF DEATH and related causes of importance	, ucarii is satu
	8. Trada, profession	or particular	0	ormin.	were as follows:	Date of onset
O	kind of work	dona, as SPINNER, OKKEEPER, atc.	detor	of	auguin Chefor-	m. +30
PAT	9 Industry or busin	ness in which	4	C.	The grant of the same	3,
OCCUPATION		na, as SILK MILL, ANK, atc	Newsp	aper		
0		on (month and	spa	ime (years) nt in this		
	year)		060	upation	Other Contributory Causes of importance:	
12, 1	BIRTHPLACE (city or (State or country)	town)		hio		
œ		astin. Bro	wn.		Hyper Turno	
Ξŀ			Ohi	0		
FĀ	14. BIRTHPLACE (cit (State or cour	y or town) ntrv)			Name of operation Date of	
~	15. MAIOEN NAME		r.Burbr	idge	What test confirmed diagnosis? Was there are	
<b>=</b>  -				20.80	23. If death was due to external causas (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
오	(State or cou	y or town)			Where did injury occur?	, 13
17. 1	NFORMANT	s W.W.Bro	wn and. Md		(Specify city or town, county and S Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC F	ate) LACE.
18. [		or REMOVAL Licothe Oh	i Sate No	v 2.1931	Manner of injury	
19. (	UNOERTAKER	John.C.Wo	lford		Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	
20. 1	FILEO NOV-	1 ,1931. 14	arvey &	Werss	(Signed) May 1	ned M. D.
			()	Registrar.	(Address)	

If more blanks are weeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who lad no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ę	xample I	76 7	Example II		
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NOV 5 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURRAU V	July 5,1927	Peritonitis	3 days ago	
	. a . mark with				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

MONTH	OF	ADDITION DECEASED'S	BIRTH	CHANGED	FROM	R STATEM MARCH TO	ENTS BY NOVEMB	PHYSICIAN ER - Letter	11-17-31	DR.	KOON.

MARGIN RESERVED FOR BINDING

te A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
stat UPA	1. PLACE OF DEATH	CORPORATE LIMITS (98) Registration Dist. No. No. 6/8 6 law St. St., 6-1 Ward
ould OCC	County allegany	CORPORATE Registration Dist. No.
sholof C	Village or City Cumberland, WITHIN	No. 6/8 to least St., 5-1 Ward death occurred in a hospital or institution, give it's NAME instead of street and number)
NS NS	Length of residence in city or town where death occurredyrsmos.	
CORD. Every PHYSICIANS of statement	2. FULL NAME Sennie Burley	·
	(a) Residence: No. 6/8 6 lmu 0x	st.,6 -   Ward.
RECORD. PHYSI Exact stat	(Usual place of abode)	If nonresident give city or town and State
E P	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
\$5 . I	Temale White married the word)	(Month) (Day) 193/(Year)
RAANENT X A C T L Y classified.	5a. If married, widowed, or divorced HUSBAND of	22. I H.E.R.E.B.Y C.E.R.T.I.F.Y. That I attended deceased from
MA A ass	(or) WIFE of 6 harles of Jurley	11: 6. 19 24 to 10: 4. 1931.
	6. DATE OF BIRTH (month, day, and year) Law 25, 1868	I last saw h A alive on 1, 1931; death is said
od serly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
IS A PE stated E properly certificate	63 8 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
be s be p of ce	8. Trade, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BOOKKEPER, etc.	
H	SAWYER, BOOKKEEPER, etc.	( \frac{1}{2} \land \frac{1}{2
Should it may n back		400cm surosis
E sh	work was done, as SILK MILL, SAW MILL, BANK, etc	
740		Other Contributory Causes of importance:
DI.	12. BIRTHPLACE (city or town) (State or country)  (State or country)	
UNFA supplied n terms, ee instru	13. NAME Courad Billner	
F 5 9	13. NAME Courad Belliner  14. BIRTHPLACE (city or town)	Name of operation Date of
70	(State or country) Jennay Irania	What test confirmed diagnosis? Was there an autopsy?
Y, WIFI carefully H in pla ortant.	15. MAIDEN NAME Sarah Keedy	23. If death was due to external causes (VIOLENCE) fill in also the following:
care TH i	15. MAIDEN NAME Sarah Keedy  16. BIRTHPLACE (city er town)	Accident, suicide, or homicide?
be c EAT impo	State or country)	Where did injury occur? (Specify city or town, county and State)
Y PO A	17. INFORMANT CAS BUTCH	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
40	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
on ISE N i	Place Hill levest Date Oct 7, 1931	Nature of injury
WRITE mation s CAUSE TION is	19. UNDERTAKER Louis Stem for 1.	24. Was disease or injury In any way related to occupation of deceased?
m m	Ox 1 31 Have Picc.	(Signed) An . Allean D.
ż	20. FILED CO. 6 , 19.0 IJ NWYCY N. Welson. Registrar.	(Address) I feel III
	If more blanks dre needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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E	kample I	March March	Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1021	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	100	1921	Run over by street car	1 week ago
Corebral hemorrhage	EURTAN W	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR FURTHER STATEMENTS	BY PHYSICIAN
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should state

PHYSICIANS

stated EXACTLY.

AGE should be

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

Exact statement of OCCUPA.

N. B.

STATE OF M	IARYLAND-(	CERTIFICATE	OF	DEATH
------------	------------	-------------	----	-------

STATE OF MARTEANE	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3
County Allegany	Registration Dist. No. 9
Village or City Frostburg	No. 114 Walnut St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME STILLBORN CANNING	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  W  5. SINGLE, MARRIED, WIDOWI OR DIVORCED (write the wo	
a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
October 2 1031	, 19, to, 19
DATE OF BIRTH (month, day, and year) October 2, 1931  AGE Years   Months   Deys   If LESS ti	I last saw h alive on, 19; death is said to have occurred on the date steted above, at
stillborn 1day,	-hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Stillborn
2. BIRTHPLACE (city or town)	Other Contributory Canses of importance:
John Canning	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME Agnes Nolan  16. BIRTHPLACE (city or town) Md.  (State or country) Md.  17. INFORMANT MMS Agnes Nolan  Cannus	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(Address)  18. BURIAL, CREMATION, OR REMOVAL Place S. Muchalls Cempate Oct 3, 19	Manner of Injury
9. UNDERTAKER(Address)	24. Was disease or Injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.

(Address) Frostburg,

SENT TO LOCAL REGISTRAR No. 9 ... If more blanks are new ed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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To be complete, an occupation return must state:

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis •	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
A DAMBOR			
Other contributory causes (Cintortance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
RECEIVED			

WRITE PL

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PLACE OF DEATH	STATE OF MARYLAND
County Cellegary	CERTIFICATE OF DEATH
	Registration Dist. No. 12
1/4/	
Village or City (No	St.: Ward) (If death occurred is a hospital or institu
	tion, give its NAME it stead of street an
2FULL NAME	Carlle number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH Out 16 - 10001
WIDOWED. OR DIVORCED	act 16 - , 1931
(Write the word)	(Month)(Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Oct 16 th 1921	auf-16 1921. to aux 16 , 1921
(Month) (Day) (Year)	that I last saw but salid on all 16 , 1931
	2 P.
7 AGE	
yrs. mos. ds. or min.	The CAUSE OF DEATH * was as follows:
OCCUPATION	the tarres Washer
(a) Trade, profession or	Sportanens amen
particular kind of work	
(b) General nature of industry	(D. 4.)
which employed or (employer)	(Durstion)yrsds
9 BIRTHPLACE	Contributory
(State or country)	(Durstion) yrsmos,de
1 10 NAME OF	has transaction
FATHER COMMUNICATION	(Signed) M, D
0 11 BIRTHPLACE	04 16 193 (Address) MMMMM WAT
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	Accidental, Suicidal or Homicidal.
of Mother Glasheth Comman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER	At place of death
(State or Country) Manylline	Where was disease contracted, if not at place of dea.h?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) mo. Clurence Carles	usual residence
(Intormant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) hulland ma	, 19
15 MAN A DROVAL	20 UNDERTAKER ADDRESS
Filed Nov. 6 1987 Staken	
If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

11511

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestired 6 yrs). For persons who have no occupation Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons en-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7

ARGIN RESERVED FOR BINDING

V. S. No. 1

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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD be properly classified. CAUSE OF DEATH in plain terms, so that it may B.—WRITE PLAINLY,

TION is very important. See instructions on back of certificate.

item of infor-

Every

of OCCUPA.

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(Rot) 11512
County Plles any	11016/
J. H. Palas A. O	Registration Dist. No/_()
Village or City 11 1 2 2 4	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give its review instead it street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Vincent 6 oll.	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBANO of	
(or) WIFE of	22.   HEREBY CERTIFY, That I attanded deceased from
DN 14 102	1901 10 (0 4 ) 3 , 1901
6. DATE OF BIRTH (month, day, and year)	I last saw h AM alive on Q Q 13 , 19 1 ; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at 1. 0. 0. 1.1.m.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as S PINNER	Date of onset
SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as STIK MILL.  SAW MILL, BANK, etc  10. Oata daceased last worked at this occupation (month and this pecupation (month and specific property).	
9. Industry or business in which work was done, as SILK MILL.	Difficult Out
SAW MILL, BANK, etc.	
10. Oata daceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) The Savage (State or country)	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) With Soyage	
14. BIRTHPLACE (city or town) WY Jayag	Name of operation Date of
(State of county)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Margaret dialley 16. BIRTHPLACE (city or town) Int Savage	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Int Sava 19	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
1- OV Calo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT CALL COLOR (Address)	Specify whether injury occurred in INDUSTRY, in nome, of in PODETC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Latino
Place MX Caroal my Date 10/6 190	Manner of Injury
	Nature of injury.
19. UNOERTAKER J. J. N. WYSK	24. Was diseasa or injury in any way related to occupation of deceased?
(Address) / Trealung ma!	If so, specify
20, FILED 1 15 1931 . La Bostellehas	(Signed) M. D.
200 Projetras	(Address) The Toured & hade

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

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Example I		Example II	
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Mones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ward) (If death occurred in Village or City a hospital or institution, give its NAME Instend of street and MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3 SEX COLOR OR RACE MARRIED. eq WIDOWED. OR DIVORCED (Day). ay (Write the word) Y, That I attended the geceased from 6 DATE OF BIRTH (Day (Month) and that death occured on the date stated above, at Ilf LESS than 7 AGE I day hrs. The CAUSE OF DEATH \* was as follows: de or min.? ter 8 OCCUPATION 99 (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in \_ which employed or (employer) 9 BIRTHPLACE (State or country EA 10 NAME OF 0 11 BIRTHPLACE 5 the Discase Causing Death, or, in deaths from OZ PARENT Violent Caus s, state (1) Means of Injury and (2) whether 2 0 (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAM 18 LENGTH OF RESIDENCE (For hospitals, Institutions, Transcup, ients or Recent Residents) d state 13 BIRTHPLACE In the At place OF MOTHER of death. yrs......ds. Where was disease contracted, 0 if not at place of death?. shoul of Former or statement usual residence. EVERY If more blanks are needed, addross State Registrar, 16 W. Saratogn St., Balto., Requesting V. S. No. 1

BINDIN

RESERVED

ARGIN

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precious continue, etc. Wom-taborer, Farm laborer, Laborer—Coal minc, etc. Womsary to know (a) the kind of work and also (b) the whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," 'Deal-Spinner, (b) Cotton mill; (a) Salesman, - (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal force (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Heemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of ..... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory". "PUERPERAL septicacmia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all causing (secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid -- probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, Whooping American Medical Association.) approved (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely "Atrophy." "Collapse," "Coma, FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), by Committee on cough; Chronic etc. The contributory valvular Nomenclature " "Convulsions, heart disease;

If this c rtificate is looked over thoroughly and all qu tions answered in detail, it will prevent further correspondence. the data is essential and must be obtained before the cartificate is permanently filed.

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY.—PHYSICIANS should state MARGIN RESERVED FOR BINDING

V. S. No. 1

-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
6	1. PLACE OF DEATH	Registration Dist. No.  No.  St., 5 — 2 Ward of death occurred in a horpital or institution, six and AME instead of street and number)
7	County allegamy.	Registration Dist. No.
/	Village or City annherland within C	No. 2/2 And I St.b-2 Ward
0		
rit /ir	Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
五	2. FULL NAME James G. Nas	
state	(a) Residence: (b). 2/2 Shring	St., 5 Ward.
	(Usual place of bode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
ल	3. SEX 4. COLOR OB RACE 5. SINGLE, MARRIED, WIDOWED, OF DIVORCED (write the word)	DATE OF DEATH (LCX, 30) 193 /.
5	5a. If married, widowed, of worced	(Month) (Day) (Yaar)
properly classified. certificate.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
28	Jorga sump	, 19, to, 19, 19
y c	6. DATE OF BIRTH (month, day, and year)	I last saw h ; death is said
erl	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
properly certificate.	ahm 45T - 1 - 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:
_	8 Trada, profession, or particular kind of work done as SPINNER	Churchet wound,
of of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
may	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	V suade.
CAUSE OF DEATH in plain terms, so that it TION is very important. See instructions on	this occupation (month and spant in this occupation	
tion	12, BIRTHPLACE (city or town) 22. 80	Other Contributory Causes of importance:
s, se	(State or country)	
rms	13. NAME Denne P Dan.	
te ii	13. NAME Ding Wan.  14. BIRTHPLACE (city or town).	Name af operation Data of
ain t	(State or country)	What test confirmed diagnosis? Was there an autopsy?
at.	I 15. MAIDEN NAME Clina Sentas.	23. If death was due to external causes (VIOLENCE) fill in also the following:
EATH in p important.	15. MAIDEN NAME Liga Senta.  16. BIRTHPLACE (city ar town).	Accident, suicide, or homicide Micide Data of injury 10 -30, 19 31.
ATT og u	(State or country)	Where did injury occur on auto on archst, City
oE.	17. INFORMANT AND YOU E. WAST.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
OF D	(Address) Combinand	Public place -
E O is	18. BURIAL CREMATION, OR REMOVAL	Manner of injury suredly by gynskathy
Z	Little Courpor May Com 1 1931	Natura of injury Shot Thrus Athender
CAUS	19. UNDERTAKER Lonio Stum One	24. Was disease or injury in any way related to occupation of deceased?
	(Address) bookerland Ind.	If so, specify than
	20. FILED Och 31, 1931. Harvey H. Weiss	(Signad) Through Wess Johnson
	Registrar.	(Address) who berland to
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimbre, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation,

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The A consent water tow			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
ould state QCCUPA.	1. PLACE OF DEATH	(19)	
CC	County allegany	Registration Dist. No.	
~	Village or City Label	No.,	Ward
-	Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and r	
PHYSICIANS ict statement	2. FULL NAME & James Lee 12		
YSICIANS statement	and the state of t	St., Ward.	
IYS sta	(a) Residence: No. You You (Usua) place of abode)	If nonresident give city or town and	State
PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
K.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wrige the word)	21. DATE OF DEATH	1
7/	Male While Single.	(Month) (Day)	(Year)
X A C T L	5a. It married, widowed, or divorced HUSBAND of (or) WIFE of	22 I HEREBY CERTIFY, That I attended	deceased from
Z S	(of) WIFE OI	oct 12 ,1981, to oct 28	, 1931
	6. DATE OF BIRTH (month, day, and year) May 28, 1931	I last saw him alive on OCF. 23 1931	; death is said
stated E properly certificate.	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
stated properl ertifica	4 1 26 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
be i	8 Trada, profession, or particular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.	mal Nutrition	9 ms.
		Colitis	10/15/31
should it may n back	work was done, as SILK MILL, SAW MILL, BANK, etc.		
	O Oate deceased last worked at this occupation (month and spantin this		
AGE that ions o	year) occupation	Other Coutributory Causes of importance:	01
so	12. BIRTHPLACE (city or town) Peslegnhy (State or country)	Lotor Preumonia	10/21/31
should be carefully supplied. AGI OF DEATH in plain terms, so that s very important. See instructions	01 10 19		
teri in	T 70 //		
ain See	14. BIRTHPLACE (city or town)	Name of operation	9-
efully supplied in plain terms, int. See instri	15. MAIOEN NAME Slack Marie Cyn	43. If death was due to external causas (VIOL ENCE) fill in also the following	
hould be careful OF DEATH in p very important.	16. BIRTHPLACE (city ar town) Western who will make	Accidant, sulcide, or homicida? Date of injury	
ld be car DEATH y import	(State or country)	Whera did Injury occur? (Specify city or town, county and Stat	
d b DE.	17. INFORMANT Ch Dawkyl	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
OF ver	(Address) Luke Mil		
(Y) 0.000	18. BURIAL, CREMATION, OR REMOVAL Placed for the Consular Date () to 3 198 1	Manner of injury	
mation s CAUSE TION is		Nature of injury	
CA	19. UNDERTAKER	24. Was disease er injury in any way related to occupation of deceased?	
-	(Address) Solow, Ma	If so, specify (Signed)  (Signed)  (Signed)	'A (MD
(1)	20, FILEO Oct 2, 7, 19. 31 Registrar.	(Address) Predintil	·la
		2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroentcritis	1 year
			1100
			1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOID. Every tem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	36 11516
County Allgany MITTO,	Registration Dist. No.
Village or City Frank belong	No. Merces fast the St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidance in city or town where death occurred yes from mos	death occurred in an optical of institution, give is synthetic instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME James aden a	Villan
(a) Residence: No. 124 Emain	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WIFE of ada Welliams Della	22. IHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) afril 15 1882	I last saw been alive on det 3/ 193/; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 9.20 A.m.
49 5 /3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Trade, profassion, or particular kind of work done, as SPINNER, Clark SAWYER, BOOKKEEPER, etc.	Infection of types & forekead ??
Sawyer, Bookkeeper, etc.  Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Data decaased last worked at 11, Total time (years)	and offpairs
SAW MILL, BANK, etc	
10. Data decased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Frasthura	Other Contributory Causes of Importance:
(State ar country)	
13. NAME Thomas & Sillon	
13. NAME Thomas & Sellon  14. BIRTHPLACE (city or town) Fronthung md  (State or country)	Name of operation Dete of
(State of Country)	What test confirmed diagnosis?
1 1 1 1 1 1 1 1 1	23. If death was due to external causes (VIOLENCE) fill in also tha following:  Accident, suicide, or homicida?
State or country)	Where did injury occur?
17, INFORMANT Chas Oillan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frosthing ma	
18. BURIAL, CREMATION, OR REMOVAL Place Muchaela Date Mor 2 ,1931	Manner of injury
0 0 2 0	Nature of injury
19. UNDERTAKER (Address)	If so, specify
20. FILED 2-,193/ 4 MOM Lane	(Signed) MOM gare M.D.
Registrar.	(Address) Karthing fmg
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. Nø. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g. heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NULLAU V. S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

deaths from

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womcases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Physician, report specifically the occupations of persons ennner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Streement of Cause of Death—Name, first, the Disease of Virsing DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJULY "Uraemia," "Weakness," etc., when a definite disease (secondary ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-"Atrophy." "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcomu, etc., o interstitial nephritis, or intercurrent) affection need not be Chronic etc. valvular heart discase; The contributory Measles ;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Exact statement of OCCUPA-

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. RHYSICIANS should state

V. S. No. 1 N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CORPORATE LIMITS Registration Dist. No.
County Alleghuy	CORPORATE Registration Dist. No.
Village or City Chracket	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,mos.	
2. FULL NAME Albert Ward	Dowden
(a) Residence: No. 440. M Center	St., Ward.
(Usuel place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male Thite married	/0 -29 ,1933 / (Month) (Day) (Year)
5a. H married, widowed or divorced HUSBAND of Hollana Dowden	22. I HEREBY CERTIFY, That I attended deceased from  1. 193/to/028
6. DATE OF BIRTH (month, day, end year) Dec // 1872	I last saw h Fina alive on 10-28, 1981; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2-30 A.m.
28 / Ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SILK MILL APPLIED.	acrtilis of acrtic arch
DAW SALL DAME STO	
10. Date deceased last worked at this occupation (month and year)	
Canadandand	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Diabetia malletin
13. NAME William Donden	William Comment
13. NAME / Colling & broden  14. BIRTHPLACE (city or town) Manyland	Name of operation Date of
(State of country)	What test confirmed diagnosis? X Ray Was there en autopsy? Dee
15. MAIDEN NAME Mary Butts  16. BIRTHPLACE (city or town) Christian of	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
17. INFORMANT Mus Willama Donden (Address) 440 2 Central St Citi	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Los / Hell Centery Date Oct 31, 1931	Manner of injury
19. UNDERTAKER G. S. Butler	24. Was disease or injury in any way related to occupation of deceased? 20
20. FILED Ct. 31, 19.31. Haway H. Wei	(Signed) . H. White . M. D.  (Address) Cranbb . Med.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED

Exact	PLACE OF DEATH
ellis.	County allegen ORNA
Y, F	County Williagland Shinary Company
Ssiff	Village or City Weslempat (No.
ACE should be stated EXACTLY, P that it may be properly classified:	2FULL NAME Lee ann Dow
open	PERSONAL AND STATISTICAL PARTICULARS
pro of	3 SEX 4 COLOR OR RACE 5 SINGLE, Wildows
d be	Femile white OR DIVORCED (Write the word)
oui ma n b	6 DATE OF BIRTH
ACE should that it may itions on back	may 4, 1850
tha	(Month) (Day) (Year)
so sur	7 AGE     If LESS tha
ms	72 yrs. 5 mos. 19 ds. or min.
ter see i	a) Trade, profession or
ly sir	particular kind of work (b) General nature of industry
in p	business, or establishment in which employed or (employer)
Every item of information should be carefully supplied. ACE s CIANS should state CAUSE OF DEATH in plain terms so that i statement of OCCUPATION is very important. See instructions	9 BIRTHPLACE (State or country)
F DE	10 NAME OF FATHER J. P. Lilly
n sho	U BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME
natio CAL ATIO	V OF MOTHER Z
state CUP	13 BIRTHPLACE OF MOTHER
- po	(State or Country)
n o noui	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
s st men	(Informant) Earl Dowling
iAN ian	(Address) Westernport md.
- E	15 Filed Och 24 18/ a Jayrubafur Registrar
ż	If more blanks are needed, address State Registr

11519

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.) St.: Ward)

MEDICAL CERTIFICATE OF DEAT	TIFICATE OF DEATH
-----------------------------	-------------------

O clo	ber	23	, 193	3/
Series (Month	1)	(Day)	(Y	ear)
17 / I HEREBY CERTIFY, Tha	t I atter	nded the	deceased	d from
Sept 1 27 1971. to	and	7.2.3	<b>?</b> , 1	92
hat I last saw her alive on	et	23	, 1	92/,
nd that death occurred on the date			9 1	? m,
The CAUSE OF DEATH * was as followed				
Thypurtoning	~			
Destita				
Chr		1. 7		
	1	1	0	
(Duration	)	yrs.	mos	ds.
Contributory Secondary	appa.	play	Eq.	
(Duration	0 - 0		mos.	de
can la fam	, , , , , , , , , , , , , , , , , , , ,		,11100.181	
6 2 24 1931 (Address)			1 911	M. D.
•				
*State the Disease Causing Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.	Death, of Inju	or, in ry and	deaths f (2) Whe	rom ther
B LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospita	ls, Insti	tutions,	Trans-
At place of deathyrsmosds.	In the State.	yrs	rnos	ds.
Where was disease contracted, f not at place of death?		************		
Former or usual residence				
9 PLACE OF BURIAL OR REMOVAL		DATE	OF BUR	IAL

ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Furmer or Planter, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed whatever, write Nonc. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material Locomotive engineer, The ques-Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

1 tetanus) may he stated under the head of "contributory." stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature "PUERPERAL septicuemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anuemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary). Chronic interstitial nephritis, Whooping cough; aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(Recommendations on statement of cause of carbolic acid-probably suacide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association. as fracture of skull, and consequences (e. g., sepsis, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

V. S. No. 1

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. infor -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied.

1. PLACE OF DEATH  County ALLEGANY  Village or City CUMBERIAND	WITHIN-CORP	CERTIFICATE OF DEATH  ORATE LIMITS  11520  Registration Dist. No.  No. MEMORIAL HOSPITAL S  f death occurred in a hospital or institution, give its NAME instead of street  ds. How long in U.S. if of foreign birth? yrs.	
2. FULL NAME PAUL DUCK		ma.	
(a) Residence: No. WILLIAMS	ROAD, K. W. D. (Usual place of abode)	Ward.  1f nonresident give city or tow	vn and State
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEA	ТН
MALE WHITE	INGLE, MARRIED, WIDOWED,  P. DIVORCED, (write the word)	21. DATE OF DEATH October 14, (Day)	, 193 ] (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, end year)  7. AGE Years Months	Days If LESS than 1 day,	to have occurred on the date stated above, et6: 40 RdM .	931; death is said
20	20 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of important were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (years) spant in this	Enterocolitis	10-10-3
12. BIRTHPLACE (city or town) MARY LAND (State or country)	occupation	Other Contributory Causes of Exportance:	10-13-3
13. NAME JAMES W. DUCKWO	ORTH		
14. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)		Name of operation Date What test confirmed diegnosis:	te of
# 15. MAIDEN NAME RUTH DICH	KEN	23. If death was due to external causes (VIOLENCE) fill in also the fo	ollowing:
16. BIRTHPLACE (city or town) MARYLAND (State or country)  17. INFORMANT MEMORIAL HOSPITAL (Address) CUMBERLAND MARYLAND		Accident, suicide, or homicide? Date of Injury_  Where did injury occur?(Specify city or town, county a  Specify whether injury occurred in INOUSTRY, in HOME, or In PUBL	and State)
18. BURIAL, CREMATION, OR REMOVAL Place Algoria WV 02	te Ust 15,193	Manner of Injury	
19. UNOERTAKER 7. 0. 13.11 (Address)	Lev Complexity Cy HWeiss	24. Was disease or Injury In any way related to occupation of deceas	ed? No

If more blanks premeeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
Mug 1,152.0	Table Observation	
	1915 1921 July 5, 1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in Ward) a hospital or institu-tion, give its NAME in-steed of street and number.) proper PERSONAL AND STATISTICAL PARTICU MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 3/3EX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED be WIDOWED. may be OR DIVORCED onid (Write the word) (Month) (Day) at instruction (Month) (Day) (Year) IlfLESS than 7 AGE and that death occurred on the date stated above, at 0 I day hrs. The CAUSE OF DEATH \* was as follows: terms min.? OCCUPATION (a) Trade, profession or particular kind of work a (b) General nature of industry d business, or establishment in 2 which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country be EA DO 10 NAME OF (Signed) 31 0 11 BIRTHPLACE O LI OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Z OZ On CAU (State or country) 0 RE Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-4 OF MOTHER state CCUP/ ients or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER State of death .. (State or Country) 00 Where was disease contracted, of shoul of OF MY KNOWLEDGE if not at place of death? 14 THE ABOVE IS TRUE TO THE Every item CIANS sho statement item Former or usual residence. (Informant) 19 PEACE OF BURIAL OR REMOVAL (Address) 20 UNDERTAKER DDRESS 15 Filed If more branks are needed, addre.s Ltate Registras, 16/W. Saratoga St., Balto., Requesting V. S. No. 1.

RESERVED

MARGIN

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day Stationary fireman, etc. But in many (6) Grocery;

Statement of Cause of Death—Name, first, the pissease causing Death (the primary affection with respect to time and causation), using always the same accepted-term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely, State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic etc. The contributory affection valvular heart Nomenclature of the need not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

Exact statement of OCCUPA-

stated EXACTLY. properly classified.

be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

AGE should be

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STATE OF MARYLAND-CERTIFICATE OF DEATH

	1. PLACE OF DEATH	. MARTEARD	- IMITS PO 11522
	County alley and Village or City burn	heland WITHIN	CORPORATE LIMITS FOR Registration Dist. No.  Mulliw St., 6-2 Ward
/	Length of residence in city or town where o	(II	death occurred in a hospital or institution, give its NAME instead of street and number)
	2. FULL NAME Cleve (a) Residence: No. 7%	(Usual place of abode)	St., 6-2-Ward.  If nonresident give city or town and State
	PERSONAL AND STATIST	The state of the s	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBANO of (or) WIFE of  Milland	1.	22. Sept 2 1931 to 0 1 1931
te.	6. DATE OF BIRTH (month, dey, and year)	lept 30, 1896	I last saw han alive on Oct 1 , 1931; death is said
certificate	7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at2Qm
ī	3 35	I day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Jo	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Donewife	In Quenza. Set 22:
back	9. Industry or business in which work was done, as SILK MILL, Cww Nome.		0 1 1
on b	Work was done, as SILK MILL, SAW MILL, BANK, etc	I1. Total time (years) spent in this occupation	Bronchoffneumona. Sept 200
instructions on	12. BIRTHPLACE (city or town) (State or country)	mary land	Other Contributory Causes of importance:
nstı	I I3. NAME Lohn	mith	
See ii	(State or country)		Name of operation Date of What test confirmed diagnosis? Was there on autopsy? \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
nt.	15. MAIOEN NAME	a Barned.	23. If death was due to external causes (VIOLENGE) fill in also the following:
rta	15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)		Accident, suicide, or homicide? Date of injury, 19
upo	(State or country)	eryland,	Where did injury occur?
is very important.	17. INFORMANT Family (Address) Mull	A.h.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL Place MAT Jesman C	Date Oct 7, 1931	Manner of Injury
TION	19. UNDERTAKER Lower St. (Address)	in Jug	24. Wes disease or injury in any way releted to occupation of deceased?
	20. FILE Oct 6 , 1931, Ha	wey Hule's Registrar.	(Signed) hard K. Tuelland M. D. (Address) Cumlerland
	If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample II CEIN	Enl	Example II	
The principal cause of deat of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	BUREAU	1921	Run over by street car	1 week ago
Corebral hemorrhage	Lame	July 5,1927	Peritonitis	3 days ago
Other contributory causes (	of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(95) 115°3
Country Legging	CORPORATE LIMITS Registration Dist. No.
Village or City Jun berland Md. W	THNO. 6 O/N. Mod Jan 16 St., Ward f death occurred in horpital of institution, give its NAME instead of street and number)
Length of residence in city of town where death occurred	How long in U. S. if of foreign birth?
2. FULL NAME LOVER TI BYEN	oline,
(a) Residence: No 604 N. Mechanic	St., 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Malo Morto Married (write the word)	(Month) (Day) (Year)
HUSBANO of Clara Jaine Teverstine	22. I HEREBY CERTIFY, That I attended deceased from  Oct 10,1931, to Oct 15,1936
6. DATE OF BIRTH (month, day, and year) 121 = 4 1849	Hast saw h. / M alive on Oct / 8 19.3/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 7.30 P.m.
8/ 10 /4   1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER on frae tor	heart dilatation of the 10 189
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and specific property).	
10. Date deceased last worked at this occupation (month and year) spant in this occupation occupation	
12. BIRTHPLACE (city or town Op merself & w	Other Contributory Causes of Importance:
(State or country)	of Ithelange
14. BIRTHPLACE (city or tom) Oom excess (pa)	
14. BIRTHPLACE (city or town) Do M. er of T. Pa)	Name of operation
(State of country in	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Somerce II Pa	23. If death was due to external causes (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
17. INFORMANT Paraganes & Veretino	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 604 M. Meonanie Ofreet	Manner of injury
Place Ros entree Guestin Dat Det 21 , 1931	- Nature of injury
19. UNDERTAKER J. J. Weetlev and Mid	24. Was disease or injury in any way related to occupation of deceased?
20, FILEDOCK, 19, 1931, Harvey Hillers	If so, specify (Signed) M. D.
Registrar.	(Address) L

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

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	Example II	
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1928	Other contributory causes of importance:  Gastroenteritis	1 year
	1915	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis

ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	11525
County County	Registration Dist. No. 7
Village or City Oxca Wydd	No. 0 5 Quar Musy St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence in city of John where death occurred	
2. FULL NAME PRESCUENT YEAR	relte
(a) Residence: No. 105 Cast Shu	OU St., Ward.
(Usual place of abode)	If conresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OF RACE 5. SINGLE, MARRIED, WIOOWED, OR DISJORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorged	(Month) (Day) (Year)
HUSBANO of Sally Gumeette	22. I A EREBY CERTIFON, That   attended deceased from
	July 1938, to 10 15, 3 , 193/
B. DATE OF BIRTH (month, day, and year) April 17, 1855	I last saw h MM Hive on Old 3 , 193 /; death is said
AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the data stated abova, at  Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
10 5 24 ormin.	wera as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER,	1 1 0 1
SAWYER, BOOKKEEPER, etc.	rearr- uncould signed
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Oate decased last worked at this pecupation (month and) spent in this	1931
year) occupation	Other Continuous Cause of importanca:
12. BIRTHPLACE (city or town) Somerset Country	Wirhgass 0) 192.
(State or country)	- Liver
13. NAME Storge Summette  14. BIRTHPLACE (city or town) Some Country  (State or country)	0
(State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
L. S + P +	23. If death was due to external causes (VIOL ENCE) fill in also the following:
E (State or country)	Accident, suicide, or homicide?
24 8 9/ 6 11	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Africa Solling States	Specify whether injury occurred in the outer, in stoller, or in Poblic Flace.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Allegany Oate Och 8, 193	Nature of injury
19 UNDERTAKER Jarob Hate	24. Was disease or injury in eny way related to occupation of deceased?
(Address), of I right boung my 1. 1	If so, specify
20, FILED 1931 Dr.M. O. M. L. analy	(Signed) A Dely M. I
Registrar.	(Address) Provident High
If more blanks are needed, address State Registrat	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related eauses of importance were as follows:	Date of oncet	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	. 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5 93]	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
FULLAU V.S.			
The same of the sa			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

CORD NLY, WITH UNFADING INK--THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PL

PLACE OF DEATH	STATE OF MARYLAND
County Collins	CERTIFICATE OF DEATH
Village or City  PLACE OF DEATH  County  County  WITHIN CORPOR  (No. 2) 6 6	
2FULL NAME Still born	St.: 6 3 Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wile Wile Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month), 1931 (Month) (Day) (Year)
6 DATE OF BIRTH 6 7 3 , 1931	I HEREBY CERTIFY, That I attended the deceased from
7 AGE (Month) (Day) (Year)	that I last saw he alive on 1923,
I day_hrs.	and that death occurred on the date stated above, at
yrsmosds. ormin.?	( ) Justin
(a) Trade, profession or particular kind of work	Muneur
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) yrs. mos. ds.
9 BIRTHPLACE (State or country) Cermley and hal	Contributory Secondary
10 NAME OF Edward R Mahne	(Signed) (Si
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER PLANTS B Preishner	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER OF MOTHER	ients or Recent Residents) At place In the
(State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmos,ds, Stateyrsmos,ds,  Where was disease contracted, if not at place of death?
9 18 Ashare	Former or usual residence
(Address) 116 Clau	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OCT. 3, 1931
15 Filed It. 3 - 1931. Harry H. Weis Registrar	20 UNDERTAKER ADDRESS Cumberlan o
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the cupation is very important, so that the relative healther," etc., without more precise specimeanum as way laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day Stationary fireman, etc. But in many single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL pertionitis," etc. "Inanition," "Marashus," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e. g., sepsis, approved by Committee on Nomenclature of the (Recommendations on statement of cause of death icianus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

state UPA.	STATE OF MARYLAND	CERTIFICATE OF DEATH
- /	1. PLACE OF DEATH	the contraction 115%
should occ	County Allegany	Registration Dist. No. 4
sh	Village or City real- Anasthery	No
S S		How long la U.S. if of foreign birth? U.S. # 1985 April 1985.
STGLAN	2. FULL NAME Tohn Hanes	
YSTCIANS	(a) Residence: No. R. R. Carub	St, Ward.
	(Usual place of abode)	If nonresident give city or town and State
Exact	PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR BACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
⇒ E	OR DIVORCED (write the word)	Det 26 193/
T L ed.	5a. If married, widowed, or divorced	(Month) (Day) (Year)
X A C T I	HUSBAND of Corp WIFE of	22.   I HEREBY CERTIFY, That I ettended deceased from
X A	1001	act 26 ,193/, to Oct 26 ,193/
ly E	6. DATE OF BIRTH (month, day, and year) Unknown 1886	I lest sew h
ted per ifica	7. AGE Years Months Deys If LESS than I day, hrs.	to have occurred on the dete stated above, at the PRINCIPAL CAUSE OF DEATH and related causes of importance
stated E properly certificate.	Caul 73 or min.	were es follows
be of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Proceeding Smiles
1	9 Industry or business in which	Parks and combants of
should it may n back	work was done, es SILK MILL, SAW MILL, BANK, etc.	The state of the s
E + 0	1 - { Spaint in this	
AGE so that	yeer) occupation	Dther Contributory Causes of importance:
	12. BIRTHPLACE (city or town) (State or country)	
efully supplied in plain terms, ant. See instru		
supplied n terms, ee instru	13. NAME UN Process  14. BIRTHPLACE (city or town)	
sul in t	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
carefully H in pla		What test confirmed diagnosis?
	I T	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?
hould be car OF DEATH very import	[State er country]	Where did injury occur? Barten Mens - alleg Co
	17. INFORMANT Andy Cohah.	(Specify city or town, coynty and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
should OF D	(Address)	Public Place
	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury Fall over Railroad Entarborent
	Place Terstey Com. Date Oct 28, 1931	Nature of injury assident
mation CAUSI TION	19. UNDERTAKER To The Lease of	24. Was diseaso or injury in any way related to occupation of deceased? 2
101	(Address) A Dougle on My	If so, specify
	20, FILED /2 6, 193/ An MOMY Lane	(Signed) Worme fanl fr. M. D.
•	Registrar.	(Address) / 20 at trung DMA
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1

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NOV 5 1931

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Example 1 Example II of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples: As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication mode of dying, e. g., heart failure, asthavia, asthenia, etc. As principal cause name the disease or injury causing death.

ຮວບດງຮ	8261,1 yoM	Gastroenteritis	I year
Other contributory causes of importance:		Other contributory causes of importance:	
Cerebral hemorrhage	7261,8 ylu l	Perilonilis	3 quils eão
Chronic interstitial nephritis	1861	Knn oner dil street ear	I neek ago
Arleriosclerosis	9161	Anack of epilepsy	I meek ago
The principal cause of death and related causes of importance were as follows:	face of onset	The principal cause of death and related causes of importance were as follows:	Jeano to etsal

BINDING

RESERVED

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street ear	1 week ogo
Cerebrol hemorrhoge	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gostroenteritis	1 yeor

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STATE OF	MARYL	AND-	CERTIFIC	ATE	OF	DEATH
----------	-------	------	----------	-----	----	-------

1. PLACE OF DEATH	MILAID COSOCOSOS LINE	11529	
County College	my live	Registration Dist. No.	
Village or City  Length of residence In city or town where or	slowing (1	No. St., f death occurred in a hospital or institution, give its NAME instead of street and numb s. ds. How long In U.S. If of foreign birth? yrs. mos.	
2. FULL NAME If m	Harren		
(a) Residence: No. 62	(Usual place of abode)	St., Ward.  If nonresident give city or town and State	e
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DENORCED (write the word)	21. DATE OF DEATH Och /3 (Day) 193	3 / (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	112 1911	22. AI HEREBY CERTIFY That Vattended deceded by the state of the state	esed from
6. DATE OF BIRTH (month, day, and yeer) 7. AGE Yaars Months	Days If LESS than 1 day,	to heve occurred on the date steted above, at # 130 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	ath is seid
Trada, profession, or perticuter kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	School	Johan Breumana 10	-12-3/
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this corruption (month and			
D. Date deceased last worked at this occupetion (month and yeer)	11. Totel tima (years) spent in this occupetion		
12. BIRTHPLACE (city or town)	Thuy And	Dther Contributory Canses of importance:	
₩ 13. NAME // /	Karvey		
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	find	Neme of operation Date of What test confirmed diagnosis? Clery Furndament there an autop	osy?
15. MAIDEN NAME Maud	Binnellian	23. If deeth was due to externel causes (VIOLENCE) fill in also tha following:	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Wva	Accident, suicide, or homicide? Dete of injury Where did injury occur?	, 19
17. INFORMANT ohn of	Lawer ned	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR BEMOVAL	YDate Oct 15, 1931	Manner of injury	
19. UNDERTAKER (Address)	Our X	24. Wes disease or injury In any way related to occupation of deceased?	
20. FILED // 5 , 193/	Resistar.	(Signed) Lasthura (Address)	EM, D.
If more	blanks are needed address State Penistrar	2477 N. Charles Street Relimore Paguetting 71 S. No.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
itones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated ENACTINY. PHYSICIANS should state ARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	WITHIN CORPORATE LIMITS  Registration Dist. No.
County allegan	Registration Dist. No.
Village of City	NoSt.,war
Langth of residence In city or town where death occurredyrs,mos	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME angust Frederick	Horables
(a) Residence: No. 324 130000	St., 6-2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (firite the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Janea Mutakell Harakler	22. I HEREBY CERTIFY. That I attended deceased fro
6. DATE OF BIRTH (month, day, and year 2 0 - 1843	I last saw h wallie on 10 -2 4-19. 21; death is sa
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at A_DI
88 4 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related courses of importance were as follows:
Trade profession or particular	Date of onse
AWYER, BOOKKEEPER, etc. Velice 9 Luganes	
9 Industry or business in which work was done, as SILK MILL BY 8. P. 17.	
U 10. Data deceased last worked at this occupation (month and spent in this	Merosterosio
year) occupation	Dther Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Frederick Horchled	<u> </u>
E	Nama af operation. Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME FOT K	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city ar town) 200 (State or country)	Accident, suicide, or homicide? Date of injury, 19
X (State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT W = M = Connect	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 3 2 BOONE ST - COM D. MC	Σ
Plate Bus Wladato Too 1 19.31	Manner of injury
Q 1 H. 9	Nature of injury
19, UNDERTAKER (Address)	24. Was disease or injury in the way related to occupation of deceased?
D \$ 81 31 Hame HIVE:	(Signed) I m X. Milliams
20. FILED (19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	(Address) Paule land, M
If more blanks and needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting USS. No. 1.

reader a nos

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5 1931	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUPTAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state D. Every item of inforof OCCUPA-Exact statement WITH UNFADING INK-THIS IS A PERMANENT RECO stated EXACTLY. properly classified. IARGIN RESERVED FOR BINDING certificate. Jo See instructions on back AGE should CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. PLAINLY, B.-WRITTE

V. S. No. 1

ż

17. INFORMANT

19. UNDERTAKER

(Address)

	County Cumbe	rland here death occur . HONE	WITHIN CORPO	s	
	(a) Residence: No.	(Ust	alplace of abode)	St., 2 Ward.  If nonresident give city or town a	nd State
	PERSONAL AND STAT	ISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR RACE		E, MARRIED, WIDOWED, YORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	, 193 (Year)
-	HUSBAND of Wife Of  Or) WIFE of  DATE OF BIRTH (month, day, and year)  AGE Years Month		18 1873  ays   If LESS than   1 dey,hrs.	I HEREBY CERTIFY. That I attended to the state of the sta	, 1931
OCCUPATION	8. Trade, profession, or particular kind of work dona, as SPINNER SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, es SILK MILL.	, Hous	sevife	were es follows:  Constal Herry hong	Date of onset
סככת	SAW MILL, BANK, etc	11	. Total time (years) spent in this occupation		
	BIRTHPLACE (city or town) (State or country)			Other Contributory Causes of importance:	
1ER	13. NAME Thomas Har	l.on			
FATHER	14. BIRTHPLACE (city or town) (State or country)	pa		Name of operation Date of What test confirmed diagnosis? Was there a	
MOTHER	16. BIRTHPLACE (city or town) (State or country)	ie Ande PA	erson	23. If death was due to external ceuses (VIOL ENCE) fill In also the follow Accident, sulcide, or homicide? Date of injury Where did injury occur? (Specify city or town, county and S Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	ing: , 19

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Manner of Injury

Nature of injury

(Signed)

(Addrass)

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Exa	mple In CEI	/Er !	Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	13	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	RITERIT	7 1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

•	CORD. Every item	PHYSICHANS sho	act statement of C	
R BINDING	A PERMANENT RE	ed EXACTLY.	erly classified. Ex	ficate.
JARGIN RESERVED FOR BINDING	NG INK-THIS IS	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICKANS sho	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C	TION is very important. See instructions on back of certificate.
IARGIN	I, WITH UNFADE	arefully supplied.	H in plain terms, so	rtant. See instructi
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, Every item	mation should be c	CAUSE OF DEAT	TION is very impo

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	TOPATE LIMITS (2/0) 11532
County allegany BUTHIN	ORPORATE LIMITS (20) Registration Dist. No. 4
Village or City & simbuland	No. Memoral Jospatal St., b Ward (If death occurred in a hospital or institution, give its MAME instead of street and number)
Length of residence in city or town where deeth occurred 3715.	nos. ds. How long in U.S. if of foreign birth?
2. FULL NAME I Said Wurt	
(a) Residence: No. 218 Thomas	St. b-2 Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male lestored Single	October 5, 193 9/ (Month) (Day) (Year)
a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from Col 5 , 19 3/ , to
6. DATE OF BIRTH (month, day, and year) July 13, 1910	last saw h alive on Oct 5 1937; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.554 m.
21 2 22 Iday, h	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1/8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER Welfaer on Druck	13 asilas Lallun
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 11. Tolattime (years)	n dl d
TO Date deceased last worked at 11. Total time (years)	Jaily 1
this occupation (month and year) Set 4, 1931 spant in this 3	Molos Much all.
MI Province to the second to t	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Williamy North	
13. NAME Floyd 1. West.  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Chira Conawley	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Chira brawley  16. BIRTHPLACE (city or town) Office of Constant of Constan	Accident, suicide, or homicide? Accident Date of injury 10-5, 19 31
(State or country) (rguna	Where did injury occur? Cumberland, Md.
17. INFORMANT Father	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sumbuland, MA.	Knocked from truck to street.
18. BURIAL, CREMATION, OR BENOVAL	Manner of injury Load, shifted in truck, knock
Place Of Jose Dete OCT 1. 19.5	Nature of injury his skull. (Accidental).
19. UNDERTAKER Locins Stem Jup	24. Was disease or injury in env way related to occupation of deceased?
(Address) Scentuland, Mi	If so, specify Was helper on junk truck.
20. FILED Ct. 6 , 19 3 / Harrey HWeis	(Signed) M. D.
Registrar.	(Address) lesselland ng.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example CEIVE	73	Example II	
The principal cause of death and related causes of importance were as follows: 10/ 5 1931	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BULLET	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Oate of onset

BINDING

RGIN RESERVED

S. No.

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Example I		Example II	5/10
The principal cause of death and related caus of importance were as follows: NOV 5 193	ses Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis BURZAU	V. 3. 1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ugo
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MADVI AND CEPTIFICATE OF DEATH

1. PLACE OF DEATH  County Allegan:  Village of City Cumberla	V	utside of	11534 Registration Dist. No.  No. Potomac Park St., Wa
Length of residence in city or town where  2. FULL NAME Ola. K		-1	death occurred in a hospital or institution, give its NAME instead of street and number)  death occurred in a hospital or institution, give its NAME instead of street and number)  death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Potoma	c.Park. (Usual place		St., Ward.  If nonresident give city or town and State
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Oct 23.1931
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	eller		(Month) (Day) (Year)  22. Muy 1 — (1977) to Oct 2 3 (1977)
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 53	Seg Days	If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, at 5 = 15 m.Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc	11. Total t	ase wife	in uterra-
year)	₩ V2.	upation	Other Contributory Canses of Timpostance:
13. NAME William. K  14. BIRTHPLACE (city or town) (State or country)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Name of operation ) 53 New Many Date of May -19.  What test confirmed diagnosis? Desprey? A
15. MAIDEN NAME Sarah  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT		2	23. If death was due to external causes (VIOLENCE) fill In also the following Accident, sulcide, or homicide?
(Address) Cumberland.  18. BURIAL, CREMATION, OR REMOVAL Place	Md Oct	.26.1931	Manner of injury
19. UNDERTAKER John . C (Address) Cumberlan  20. FILED 4, 26, 193 L. H		HULLS Registrar.	24. Was disease er injury in any way related to occupation of deceased? WO If so, specify (Signed) A BLAND M.  (Address) 2 BLAND M.
If more	blanks are holded	address State Registrar.	24.1. N. Charles Street, Baltimore, Requesting T. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	E. 11	Example II	
The principal cause of of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1021	1915	Atlack of epilepsy	1 week ago
Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BURTAILT	July 5,1927	Peritonitis	3 days ago
		• ]		
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	90 MITS 11535	
County Allahuy	Registration Dist. No.	
Village or City Chribuland WITHIN	St.,	_Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?	
2. FULL NAME Tielshers Tes	100	
1210112	Ct Ward	
(a) Residence No. 2 / Y Julia Place of abode)	St., / Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. H. married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Ye	ear)
(or John Terber	22. HEREBY CERTIFY. That I attended decease	ed from
6. DATE OF BIRTH (month, day, and year) (1119 17 1852	I las saw has alive on O A 16 19 21 death	is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 5	
79 2 27 1 day, hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trede, profession, or particular kind of work done, as SPINNER, Ifouse duty SAWYER, BOOKKEEPER, etc.	Hygerlenein Welerin School	of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9 Industry or business in which work was done, as SIŁK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this spent in the sp		
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Pittalungh Pa (State or country)	Other Contributory Causes of importance: Oblituaire 8-	15:31
13. NAME John Jaurkett  14. BIRTHPLACE (city or town) Grand Constant Consta		
4 14, BIRTHPLACE (city or town) - Jewson or 14	Name of operation Date of	
	What test confirmed diagnosis? Was there an autopsy?	<u> </u>
I D.	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?	0
O 16. BIRTHPLACE (city or town) Termany (State or country)	Where did Injury occur?	,
17, INFORMANT IN F. Kerber (Address) 218 Fauette St. Colombia	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION OR REMOVAL DELOCATION 1931	Manner of injury	
19. UNDERTAKER 2. S. Butler	24. Was disease or injury in any way related to occupation of deceased?	
(Address) mululand 7ml	If so, specify	
20. FILED CT. 10. 19.3 1. Lawrey JA Cles	(Signed) It (Shawer) (Address) Crisherland (Md	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	Example I		Example II	
The principal cause of de of importance were as follows:	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 agai	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUREATV	July 5, 1927	Peritonitis	3 days ago
	- 24 32			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		الـــــــــــــــــــــــــــــــــــــ		

ADDITIONAL SPACE FOR FURTHER STATEMENT	BY	PHYSICIAN
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# STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	11536 II
County ALLEGANY Village or City CUMBERLAND WITHIN CORPORAT	Registration Dist, No.
Village or City CUMBER LAND WITHIN CO.	ND. MEMORIAL HOSPITAL St.5-   Ward
(Uf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurradyrs,mos.	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME MARY LOU KINSER	
(a) Residence: No. 618 ELM STREET, CITY (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX FEMALE  4. COLOR OR RACE WHITE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE	21. DATE OF DEATH October 14, (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) JUNE 29 1928	t last saw har alive on Det 14, 1931; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at.7.: 20. RM.
3 3 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER.	Depresso porture
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	of study
work was done, as SILK MILL, SAW MILL, BANK, etc	0
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this occupation occupation	
MADVIAND	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) MARYLAND (State or country)	
1	
E WINGE VIDO INTA	
14. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)	Nama of oparation Data of Data
	What test confirmed diagnosis? Was there an autopsy?
T -	23. If death was due to external causes (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) MARYLAND	Accident, suicide, or homicide Date of injury 19.3
(State of County)	Where did injury occur?  (Specify city or town founty and State)  Specify whether injury occurred in INDUSTRY, in HOME of in PUBLIC FLACE.
17. INFORMANT MEMORIAL HOSPITAL  (Address) CUMBERLAND, MD.	Specify whether injury occurred in INDUSTRY, in HOME OF PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury declarable change
Place Stellers W Date Date 1,1931	Nature of injury
19. UNDERTAKER Stein 9	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDCX 16, 1931, Harvey Husen Registrar.	(Signed) Clay & Durred M. D.  (Address) Lyls Thegenia and M. D.
Acgura.	

DR. DURRETT

TION is very important.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Wo. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chranic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1000 pluoda item of PHYSICIANS PERMANENT certificate properly SI THIS be may pluods no supplied. be carefully 1 important. i. OF DEATH plnods

BINDING

FOR

ARGIN RESERVED

state 1. PLACE OF DEATH County Registration Diat. No. Length of residence in city or town where death occurred How long in U.S. if of foreign birth? 2. FULL NAME (a) Residence: No. 400 / [ 0. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OWORCED (with the word) , 193 (Month) (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY. Thele I ettended deceased from (or) WIFE of 1930 6. DATE OF BIRTH (month, day, and year) ; death is said 7. AGE Years If LESS than to have occurred on the date stated above, at. // Months Days 1 day. The PRINCIPAL CAUSE OF DEATH and related causes of importance . min. Oate ol onset 8. Trade, profession, or perticular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. back 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Date deceased last worked et this occupation (month end 11. Total time (years) spent in this occupation instructions Other Contributory Causes of importence: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State of country) What test confirmed diagnosis?\_\_\_\_\_ Was there en autopsy? \_\_\_\_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, sulcide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_ 19\_ CE (city er town) (State or country Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) Manner of injury CAUSE mation TION Nature of injury 24. Wes disease or injury in any way related to occupation of deceased? 19. UNDERTAKE (Address) Il so, specify Registrar. (Address) - 3 If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 3 1331	1921	Run over by street car	1 week ago
Corebral hemorrhage   BU   S. A. C. S.	July 5,1927	Peritonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County alligany.	Registration Dist. No.
Village or City Introduction WIT	HINO. 439 M. Center St., 2 Ward death occurred in shospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	
2. FULL NAME Rose a Leasure	
(a) Residence: No. 439 Or Centre	St. 2) Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James S. Lensure	22. I HEREBY CERTIFO That I attended deceased from
6. DATE OF BIRTH (month, day, and year) FIA 3 1870	I last saw h 2 alive on Oel 6 193/ death is sain
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at 11:30 Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Andustry or business in which	Tellumary (2)
work was done, as SILK MILL.	A
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this	Lutuellope.
this occupation (month and spant in this occupation year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)  (State or country)	
	1
E Swall a swall	
14. BIRTHPLACE (city or town) (State or country)  Mary Rand	Name af operation Data of
E 15. MAIDEN NAME MARIE RABINAL	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
II TO THE TOTAL OF	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicida, or homicide?, 19, 19
16. BIRTHPLACE (city ar town)  (State or country)	Where did injury occur?
17. INFORMANT Jas & Leasure Mil.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place At Gatrick's Date Car 9, 1931	Natura of injury
19. UNDERTAKER Louis Plens Jeg (Address) Cumbalan Mid.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Oct. 8, 1931, Harvey Husis Resistrat.	(Signed) William Dennis M. (Address) Present Mand M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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<b>1</b>	Example I		Example II	
The principal cause of de of importance were as follows:	ath and related causes lows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	RURPAU V. S	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH operly classified certificate. Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 3 SEX OR DIVORCED (Write the word) (Month) (Day) HEREBY CERTIFY, That I sttended the deepased from 6 DATE OF BIRTH (Month) (Day) (Yesr) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF OF FATHER \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether ENT (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE In the At place of death OF MOTHER \_\_\_\_yrs......mos.\_\_\_\_de. (State or Country) Where was disease contracted, if not at place of death?..... TRUE TO THE BEST OF MY KNOWLEDGE Former or usual residence If more bianka are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

RESERVE

MARGIN

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook. household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved American Medical Association.) (Recommendations on statement of cause of death Never report mere symptoms or terminal condiresulting from childbirth or miscarriage by Committee on Nomenclature of the etc. The contributory valvular heart " "Convulsions, disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

V. S. No. 1

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEAT	H	i WAX		No. Allegany Hospital St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
County_	<b>A</b> ,	1 m h o 20 1 - 1	L EM E	WITHIN-GORD	Registration Dist. No.
Village	or City	m per. Tar	1G . Ma	(II	No. Allegany. Hospital St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of					ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL	NAME			ne. Lehmai	Q 00.0 P
(a) Res	idence: No	Bed	ford Pa		St., Ward. If nonresident give city or town and State
PERS	ONAL AND	STATISTIC			MEDICAL CERTIFICATE OF DEATH
3. SEX		OR RACE	OR DIVORCE	RRIED, WIDOWED,	21. ĎATE OF DEATH Oct 4.1931
5a. If married, w					(Month) (Day) (Year)
5a. If married, w HUSBAND (or) WIFE	of Henr	. У			22. SO HEREBY CERTIFY that Lattended deceased from
6. DATE OF BIR	TH (month, day,		Dec 6.	L84 <b>8</b>	I last saw n alive on Ocs 3, 19.21; death is said
7. AGE	Years 82	Months	Days 28	If LESS than	to have occurred on the date stated above, at 9 Pm m.
	02	9	40	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
SAW 9 Industry work SAW 10. Date de this	of work done, as YER, BOOKKEEPI or business in v was done, as SII MILL, BANK, etc occupation (mont)	ER, etc vhich LK MILL, ed at h and	11. Total	time (years)	Stephnics Obsome 193
			Pa		Other Contributory Causes of importance:
	E (city or town) country)				muce untile Char 192
13. NAME	Jos	seph. Th	nomas		100000000000000000000000000000000000000
	LACE (city or tow te or country)	n)	Pe	3.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN	NAME	Mary Ma	зу		23. If death was due to external causes (VIOLENCE) fill In also the following:
6 16. BIRTHPI	LACE (city or tow te or country)	n)	Pa		Accident, suicide, or homicide?
	Ler	a. Leas	sure. Fa		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRE	MATION, OR REC Cresapt	MOVAL	L. Oct	7.1931	Manner of injury
19. UNDERTAKE (Address	K	C.Wolfo		H.Weistrar.	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  M. D.  (Address)
		7.6 1	lanks are sheded	Address State Peristran	N. Charles Street Belgings Description 71 S. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E	rample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	FURLAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			<b>.</b>	4

TARGIN RESERVED FOR BINDING

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PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. B.-WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH

2. FULL NA  (a) Resider	77 7	ell J.Li		ds. How long In U.S. if of foreign birth?yrsmosd
		(Usual place		If nonresident give city or town and State
3. SEX Female	4. COLOR OR RACE White	S. SINGLE, MAR	RIED, WIDOWED, D (write the word)	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH  Oct 6.1931
5e. If married, widow HUSBAND of (or) WIFE of	wed, or divorced		• •	(Month) (Day) (Year)  22.   HEREBY CERTIFY That I attended deceased from the standard from the standar
7. AGE Ye	(month, day, and year) ars   Months 11 ession, or particular work done, as SPINNER,	Oct 9 ]	If LESS than 1 day, hrs.	I last saw here elive on Oat 4 193/; death is sat to have occurred on the date stated above, et 6 Pmm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onse
SAW MI  JO, Date decease this occupear)  12. BIRTHPLACE (c (State or cou		sper occu	me (years) nt in this pation Md	Other Coutributory Causes of Importance:
(State o	E (city or town)			Name of operation
	AMHelen. Pip  E (city or town)			23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLAC	Louis Lin			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
of importance were as follows:  Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURNET F.S.			
Other contributory causes, of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

te r	STATE OF MARYLAND—	CERTIFICATE OF DEATH	
stat UPA	1. PLACE OF DEATH	11542	
NO RE	County allegary:	REGISTRATE LIMITS (3) Registration Dist. No.	
shou of O	Timage of oity	No. 4 3 5 St., death occurred in a hospital or institution, give its NAME instead of street and number	_Wa
ent ent	Length of residence in city or town where death occurredyrs		
YSICIANS	2. FULL NAME Duey Jane Im	dsay	
PHYSICI	(a) Residence: No. 4.35 (Usual place of abode)	St., Ward.	
et H	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	
T KECO	3. SEX 4. COLOR OR RACE S STOLE MARRIED, WIDOWED, CK DIVORCED (write the world)	21. DATE OF DEATH 27 193/	,
ANEN ACTI ssified.	5a. If married, widowed, or divorced HUSBAND of	(Month) (Bay) (Y	ear)
A C A C assii	(or) WIFE of James A	22. I HE.REBY CERTIFY. That I attended decease	ed fro
EX. Cla	6. DATE OF BIRTH (month, day, and year) 1001 24 1853	Mad saw h en elive on Oct 27 1963/ death	9/-
IS A PE stated E properly certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8:1677 m	15 50
state prop	78 - 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
be be	8. Trade, profession, or particular kind of work done, as SPINNER, Densemble SAWYER, BOOKKEEPER, etc.	Chionic Myreachlis 19	22
nay back	9. Industry or business In which work was done, as SILK MILL,		
shor it m on ba	SAW MILL, BANK, etc.  10. Date deceased last worked et		
_ [4] <del>-</del>	this occupation (month end spent in this occupation		
pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) Par. (State or country)	Other Contributory Causes of importance:	128
plie rms rstr	II 13. NAME Ranstons Mard.		
sup sup sin te See i	14. BIRTHPLACE (city or town)	Name of operation Rome Date of	
lly S.	(State of country)	What fest confirmed diagnosis? Examination Was there an autopsy	re
eful in p	15. MAIDEN NAME Cathrine Hammen	23. If death was due to external causas (VIOLENCE) fill in elso the following:	
be carefu EATH in pimportant.	16. BIRTHPLACE (city er town) (State or country)	Accident, suicide, or homicide? Date of injury, 1	9
be EAT imp	Carlo 1 Country)	Where did injury occur? (Specify city or town, county and State)	
A DE	17. INFORMANT C.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
shou OF	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
on s	Plece Drummy agate Up 30, 1937	Nature of injury	
mation CAUS TION	19. UNDERTAKER Amis Stein One (Address)	24. Was disease or injury in eny way related to occupation of deceased?	-
P	20. FILEDOCK 38, 1931. Harvey Hillering Registration	(Signed) Combatand Med	. M.
		2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.	

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Example I	- Majorista	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis NOV 5 1931	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
PIREAU	5-11		
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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# STATE OF MADVI AND CEDTIFICATE OF DEATH

STATE OF WARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	TE LIMIT 23 11EAR
county allegany.	Registration Dist. No.
Village or City Combelland WITH	IN CORPORATE LIMITS 23  Registration Dist. No.  No. Variable Sandow   Ward
(1	death occurred in a be bital or institution, give its NAME instead of street and number)
Length of rasidence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrs mosds.
2. FULL NAME Paul therene kin	nentrogger,
(a) Residence: No.	St., Ward. School to
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  10 · > 5 (Year)
5a. If married, widowed, or divorced	
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY, That I attended deceased from
10.1	8. 1937 to 10 - 22 1934
6. DATE OF BIRTH (month, day, and year)	I last saw he live on, 19.37 ; death is said
7. AGE Years Months Days LESS than 1 day, hrs.	to have occurred on the date stated above, atn1.
	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	
SAWYER, BOOKKEEPER, etc.	(
9. Industry or business in which work was done, as SILK MILL, C K PILL C SAW MILL, BANK, etc	
SAW MILL, BANK, etc	Ilmongy Weeterland
this occupation (month and spent in this occupation occupation	
9.11 %	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State Tountry)	
	-
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of County)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ALL TURING	23. If death was dua to external causes (VIOL ENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) & long	Accident, suicide, or homicide? Date of injury, 19
∑ (Stata or country)	Where did injury occur?
17. INFORMANT While himsentyman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Echhart Onl	
18-BURIAL CREMATION OF REMOVAL	Manner of injury
Place Certain Mar Date OCA 5 , 1931	Nature of injury
19. UNDERTAKER Logies Stein Tue.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Genterland ma.	If so, specify The Third
20. FILEOUCK, 23, 1931. Harvey Hower.	(Signed) M. D. (Address) M. D.
If more blanks ar needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BURRAU V. S.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Wathurg (No. 28 Ma	Registration Dist. No. 9  No. 9  No. 9  No. 9  No. 9  No. 10  No. 9  No. 10  N
tificate	2FULL MANTENERS Goods	tion, give its NAME instead of street and number.)
certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack of	Male Office Office (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)
ons on t	DATE OF BIRTH  (Month) (Day) (Year)	that I last saw he Malive on 182
ioti	AGE [If LESS than	and that death occurred on the date stated above, at 100 m.
it.	L 15   1 day hrs.	The CAUSE OF DEATH * was as follows:
u I	yrs. T mos. / ds. or min.?	CANAL BOOK
0	(a) Trade, profession or	sugger Commercial
0	(b) General nature of industry	
tant	business, or establishment in	(Durstion) yrs mos ds.
ort	which employed or (employer)	Contributory ( Delte Fles)
=	SBIRTHPLACE (State or country)	Secondary (Duration) yrs mos ds.
very	10 NAME OF Marshall Long	Granedy A Madress My Stown Old
0 0	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAT	of MOTHER Illa Caraci	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
0000	13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.  Where was disease contracted,
	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
ent	(Informant) Marshal Long (Kaller	Former or usual residence
statement	(Address)	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL OR, 1931
0	Filed 1931, DNOM Lane &	Gacob Hoaker Groutburg Ha
	If more bianks are needed, address State Registrat	W. Saratoga St., Balto., Requesting V. S. No. 1.

4 4 2" 11 4

(Approved by U. S. Census 2nd American Public Health Association.)

laborer, Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping peritonaeum, etc., Carcinoma, Sarcoma, etc., of cough; Chronic valvular heart disease; nephrilis, etc. The contributory

If this certificate is looked over thoroughly and all qu stlong answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

STATE OF MARYLAND—CERTIFICATE OF should state OCCUPA. 1. PLACE OF DEATH item of County\_\_ Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred. How long in U. S. if of foreign birtb?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_ statement 2. FULL NAME (a) Residence: No. (Usual place of abode) RECO Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DtVORCED (write the word) CIL assified. 5a. If merried, widowed, or divorced HUSBAND of 22. I HEREBY CERA IFY. (or) WIFE of PERM 国 certificate. 6. DATE OF BIRTH (month, day, and year) 7. AGE properl Years Months Deys If LESS than to have occurred on the dete steted above, at. stated 1 dey, ......... hrs. 2 or .... min. 8. Trade, profession, or particular THIS kind of work done, es SPINNER, J0 OCCUPATIO SAWYER, BDOKKEEPER, etc ... may back plnods 9. Industry or business in which WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, etc. UNFADING INK on 10. Date deceased last worked et 11. Total time (years) this occupation (month and spant in this that occupation instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) be carefully d MOTHER important. 15. MAIDEN NAME in Accident, suicide, or homicidet DEATH 16. BIRTHPLACE (city or town (State or country) mation should 17. INFORMANT OF (Address) 18. BURIAL, CREMATION, DR REMOVAL CAUSE TION 19. UNDERTAKER (Address) If so, specify (Signed) ż Registrar.

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH that A attended deceased from The PRINCIPAL CAUSE OF DEATH and related causes of importance What test confirmed diagnosis? 23. If death was due to external causes (VIO) ENCE) fill in also the following (Specify city or town, county and State) Specify whether injury occurred in HDUSTRY in HOME, of in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Date of onset

Was there an autopsy?\_\_\_\_\_\_\_

BINDING FOR RGIN RESERVED

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none. S A DVISHA

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.-The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find. the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soan factory, eotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merehants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal eause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
stones	May 1,1923	Gastroenteritis	1 year

County	lega	uef		Registration Dist. No.	<u>S</u>
Village or City(	nusa	process	(1)	NDSt., death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in o	city on town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsn	103
2. FULL NAME.	rayer	c Clubs	see 11	(lety)	
(a) Residence: No.		(Usual place	of abode)	St., Ward.  If nonresident give city or town an	d Sinte
PERSONAL AT	ND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COL	OR OR RACE	5. SINGLE, MAR OR DIVORCE	RfED, WfDOWED, D (Prite the word)	21. DATE OF DEATH 25 (Month) (Day)	, 193 /
5a. If married, widowed, or div HUSBAND of	vorced	//		22.   HEREBY CERTIFY That Lattender	d deceas
(or) WIFE of		Jan.		1 24 24 1931 to Oct 7	5.,1
6. DATE OF BIRTH (month, d	ay, and year)	10: 13	1931	I last saw h alive on OS 25, 19	; deat
7. AGE Years	Months	Days	If LESS than I day, hrs.	to have occurred on the date stated above, at 11.30 m.	
	8	12	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date
8. Trade, profession, or kind of work dona SAWYER, BODKKE	particular a, as SPINNER,			Brown I for	10
9. Industry or business	in which			Con must be in	10
kind of work done SAWYER, BODKKE  9. Industry or business work was done, as SAW MILL, BANK, 10. Date deceased last w.	, etc				
10. Date deceased last we this occupation (m	orked at onth and	spa	ime (years) nt in this apation		
	m	d		Other Contributory Causes of importance:	
12. BfRTHPLACE (city or town (State or couply))	a			Whooping longs	10
13. NAME Jul	ius /	Mar	5		
13. NAME 14. BIRTHPLACE (city or	town)	1	g.	Name of operation Date of_	
(State of Country)	. 1	na	0	What test confirmed diagnosis? Was there an	autops
15. MAIDEN NAME  16. E-RTHPLACE (city or	leura	Kas	ler	23. If death was due to external causes (VIOL ENCE) fill in also the following	
O 16. E RTHPLACE (city or State or Aguntry)		and-		Accident, suicide, or homicide?	,
(State of Quanty)	1 . 9	V Man &		Where did injury occur? (Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	
17. INFORMANT(Address)?	Creati	Lacon	Ma	- Specific mixture injury occurred in Interestrict, in House, of the Public P	LAUL.
18. BURIAL, CREMATION, DR	REMOVAL	NA C	1 /-	Manner of injury	
Place Creat	plane.	Mate UN	77,1934	Nature of injury	
19. UNDERTAKER	uis)	Heres	deig	24. Was disease or injury In any way related to occupation of deceased?	
(Address)	Cuff	Wiffee .	e of No	If so, specify	
1111 111				(Signed)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy  Run over by street car  The principal cause of death and related causes of onse of onse of importance were as follows:  1 week as
927 Peritonitis 3 days at
Other contributory causes of importance:  Gastroenteritis  1 year
18

STATE OF MARYLAND—CERTIFICATE OF DEATH state infor-1. PLACE OF DEATH WITHIN CORPORATE pluoda Village or City PHYSICIANS 6 ds. Length of residence in city or town where death occurred. statement 2. FULL NAME RECORD. (a) Residence: No Exact PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH CTLY. OR DIVORCED (write the word) BINDING classified 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of 4 PERM 1 certificate. 6. DATE OF BIRTH (month, day, and year) I last saw h\_ Malive properly 7. AGE Years Months Days If LESS than stated 1 day, ..... hrs. 85 SI 01.... min. were as follows: 8. Trade, profession, or particular THIS O ARGIN RESERVED kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.\_\_\_ be be Jo OCCUPAT pluods may back 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... on 10: Date deceased last worked at 11. Total time (years) this occupation (month and spent in this AGE that year) \_ occupation instructions Other Contributory Causes of importance os: 12. BIRTHPLACE (city or town (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME II. DEATH 16. BIRTHPLACE (city er town) (State or country) Where did injury occur? pe 17. INFORMANT pluods (Address) OF 18. BURIAL CREMATION, OR REMOVAL Manner of injury 18 CAUSE mation Nature of Injury LION 24. Was disease or injury in If so, specify (Signed) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) That I attended deceased from death is said to have occurred on the date stated abova, at The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
Example I The principal cause of death and related causes of importance were as follows:  Arterioselerosis 1931	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilopsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Gallstones	May 1,1923	Gastroenteritis	1 year
A	DITIONAL SPACE FOR FURTE	HER STATEMENTS BY PHYSICIAN	1

PHYSICIANS should state

Exact statement of OCCUPA-

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICA	TE OF DEAT	H

11548

County ALLEGANY  Village Dr City. CUMB EKLAND  WITHIN CORPORATE LIMITS  Registration Dist. No.  N. MEMORIA I. HOS PITAL  Sylvaria  (If death occurred in a hopping in emblude, say in a NAME instead of sail, and analyse)  de. How long in U.S. It of foreign birth?  yrs. mos.  de.  How long in U.S. It of foreign birth?  yrs. mos.  de.  How long in U.S. It of foreign birth?  yrs. mos.  de.  How long in U.S. It of foreign birth?  yrs. mos.  de.  How long in U.S. It of foreign birth?  yrs. mos.  de.  How long in U.S. It of foreign birth?  yrs. mos.  de.  How long in U.S. It of foreign birth?  How long in U.S. It of foreign birth?  How long in U.S. It of Borth and U.S. It	1	. PLACE OF DEATH	186 ax	
Village of City. Control Water		County ALLEGANY	ATE LIMITS  Registration Dist. No.	
Length of residence in city or fown where death occurred.  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  dx. How long in U.S. It of foreign birth?  VIX. mos.  MEDICAL CERTIFICATE OF DEATH  OCTOBER  24. Date of DEATH  OCTOBER  25. Line of DEATH  OCTOBER  26. Line of DEATH  OCTOBER  27. HEREE SY CERTIFY. That Latended deceased, from the following in the properties word of the following in the properties of the following in the properties word of the following in the properties of the following in t		Village or City CUMBERLAND WITHIN CONT	No. MEMORIAI, HOSPITAI, St X	Ward
2. FULL NAME MRS. ELIZABETH MCBRIDE  (a) Residence: No. 206 ARCH STREET; CLTY St. 2007  PERSONAL AND STATISTICAL PARTICULARS  J. SEX PEMALE (ACIDER OR RACE)  S. SINGLE, MARKIED, WIDOWED  Sa. II married, widowed, or diverced WIDOWED  (or) WHE of THOMAS MCBRIDE  S. DATE OF BIRTH (month, day, and year)  JANUARY 2 S. II LESS than (a) wive on a country or thomas and state of the procession, or particular field work of one, as SPINNER, HOUSEWIFE  S. Trade, protession, or particular field work of one, as SPINNER, HOUSEWIFE  S. S. Trade, protession, or particular work and the state of the date stated cloves, at C: 45 DM.  S. Trade, protession, or particular field work one, as SPINNER, HOUSEWIFE  S. S. Trade, protession, or particular work was done, as SPINNER, HOUSEWIFE  S. S. Trade, protession, or particular work was done, as SPINNER, HOUSEWIFE  S. S. Trade, protession, or particular work was done, as SIK MILL, SAW MILL, BAIN, etc.  S. Trade vers months and state of work of the date stated cloves, at C: 45 DM.  The PRINCIPLA Case of Importance:  Lis. BIRTHPLACE (city or town). WEST VIRGINIA  S. State or country)  Manual Case of Importance:  What test confirmed diagnosis?  What test confirmed diagnosis?		(lf	death occurred in a hospital or institution, give its NAME instead of street and n	
(a) Residence: No. 206 ARCH STREET, CLTY (Charlplace of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX PEMAL 4. COLOR OR RACE WHITE OR DIVORCED (-winche word) WHITE OR DIVORCED (-winche word) WHOWER OF DIVORCED (-winche word) WHOWER OF DIVORCED (-winche word) WHOWER OF THOMAS MCBRIDE  6. DATE OF BIRTH (month, day, and year) JANUARY 2 55  1. The profession of particular fine of the date stated above, at 5: 45 mm. Inst. of the profession of particular fine of the date stated above, at 6: 45 mm. Inst. of the profession of particular fine of the date stated above, at 6: 45 mm. Inst. of the profession of particular fine of the date stated above, at 6: 45 mm. Inst. of the profession of particular fine of the date stated above, at 6: 45 mm. Inst. of the profession of particular fine of the date stated above, at 6: 45 mm. Inst. of the profession of particular fine of the date stated above, at 6: 45 mm. Inst. of the profession of particular fine of the date stated above, at 6: 45 mm. Inst. of the profession of particular fine of the date stated above, at 6: 45 mm. Inst. of the profession of particular fine of the date stated above, at 6: 45 mm. Inst. of the profession of particular fine of the date stated above, at 6: 45 mm. Inst. of the profession of particular fine of the date stated above, at 6: 45 mm. Inst. of the profession of particular fine of the profession of t		Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. it of foreign birth?yrs,mo	s ds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX PEMALE PEMALE  4. COLOR OR RACE PEMALE S. SINCIE, MARRIED, WIDOWED OR DIVORCED (which have) OR DIVORCED (when hav	2	2. FULL NAME MRS. ELIZABETH MCBRI	DE ,	
3. SEX FEMALE 4. COLOR OR RACE FEMALE WHITE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (will be word) WHITE OR WHITE OR DIVORCED (will be word) WHITE OR CELL WHITE OR WHITE O				State
FEMALE WHITE OR DIVORCED (which word)  WIDOWED  5. If rarried, widowed, or divorced HUSBAND (Month)  HUSBAND (Gor) WHE of THOMAS MCBRIDE  6. DATE OF BIRTH (month, day, and year)  JANUARY 2		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
53. If married, widowed, or divorced HUSEAND MCBRIDE  5. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  8. 17ade, profession, or particular kind of work done, as SPINNER, SAY WILL, SA		OR DIVORCED (write the word)	OCTOBER 24,	
6. DATE OF BIRTH (month, day, and year)  7. AGE  8. Trade, protession, or particular Kind of work dome as SYINNER, BANYER, BODYKEFER, etc.  9. HOUSEWIFE  9. Lists saw h. Lin, alive on D. C. T. T. S. T. S. T. T. S. T.	5a.	If married, widowed, or divorced		
8. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  BI  AGE  AGE  AGE  AGE  AGE  AGE  AGE  AG			6 4 6 2 2 4 2 1	deceased from
7. AGE Years Months 81		TANHARY 2 . 10 CT	2 24 27 1 21	, 190
81 9 22 143y. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  8. Trade, profession, or particular were as follows:  8. Trade, profession, or particular or	-			; death is said
3. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOKKEPER, etc.  9. Infoustry or business in which work was done as SPILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) WEST VIRGINIA  (State or country)  13. NAME AMOS CARROLL  14. BIRTHPLACE (city or town). WEST VIRGINIA  (State or country)  15. MAIDEN NAME MARIA WATSON  16. BIRTHPLACE (city or town). WEST VIRGINIA  (State or country)  17. INFORMANT MEMORIAL HOSPITAL  (Address) CHERLAND, MARYLAND  18. BURIAL, CELENIUM, OR REMOVAL  Place Country  Date (Injury Course)  Date (Injury Course)  Name of operation.  What test confirmed diagnosis? Was there an aulopsy? Inv.  What test confirmed diagnosis? Was there an aulopsy? Inv.  23. If death was due to external causes (VIOLERGE) By in also the following: Accident, suicide, or homicide? Country Injury  Where did Injury occur?  Where did Injury occur?  Name of operation.  24. Was disease or injury in any way related to occupation of deceased? In Output Country  Namere of injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  Was disease or injury in any way related to occupation of deceased? In Output Country  19. UNDERTAKER  (Address) CHERLAND, MARYLAND  Manner of injury Many way related to occupation of deceased? In Output Country in any way related to occupation of deceased? In Output Country in any way related to occupation of deceased? In Output Country in any way related to occupation of deceased? In Output Country in any way related to occupation of deceased? In Output Country in any way related to occupation of deceased? In Output Country in any way related to occupation of deceased? In Output Country in any way related to occupation of deceased? In Output Country in any way related to occupation of deceased? In Output Coun		07 (1 0, 2) 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Sind of work done, as SPINNER, SAWYER, BONKEPER, etc.  SAWYER, BONKEPER, etc.  10. Date deceased last worked at this occupation (month and year)  WEST VIRGINIA  13. NAME AMOS CARROLL  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME MARIA WATSON  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  MEMORIAL HOSPITAL  (Address)  CHMB FILAND  18. BURIAL, CREMENTAN, OR REMOVAL  Place  (Address)  Date Ot.  Date Ot.  What test confirmed diagnosis?  Was there an aulopsy? The decided in industry in also the following: Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE  Manner of injury  Nature of Injury in any way related to occupation of deceased?  Manner of injury  Nature of Injury in any way related to occupation of deceased?  15. o. specity  Nature of Injury in any way related to occupation of deceased?  Nature of Injury  Nature of Injury  Nature of Injury in any way related to occupation of deceased?  N. D.  ORDINATION OF REMOVAL  (Signed)  M. D.	-11	i oi iiiii.	were as tollows:	Date of onset
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13. NAME AMOS CARROLL  14. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)  15. MAIDEN NAME MARIA WATSON  16. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)  17. INFDRMANT MEMORIAL HOSPITAL (Address) CIIMBERIAND, MARYLAND  18. BURIAL, CREVALINI, OR REMOVAL Place CIMBERIAND, MARYLAND  19. UNDERTAKER (Address)  19. UNDERTAKER (Addres	12.	BIRTHPLACE (city or town) WEST VIRGINIA	I To A Jemus	ogo
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What test confirmed diagnosis? Was there an autopsy? In 15. MAIDEN NAME MARIA WATSON  16. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)  17. INFDRMANT MEMORIAL HOSPITAL (Address) CIMBERLAND, MARYLAND  18. BURIAL, CREMATION, OR REMOVAL Date Of Injury Date Of Injury Nature of Injury Manner of Injury	ER	13. NAME AMOS CARROLL		
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17. INFDRMANT MEMORIAL HOSPITAL  (Address) CUMBERLAND, MARYLAND  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  UNDERTAKER  (Address)  (Address)  Date  19. UNDERTAKER  (Address)  (A	-	(State or country)	What test confirmed diagnosis? Was there an a	ulopsy? Zw
17. INFDRMANT MEMORIAL HOSPITAL  (Address) CUMBERLAND, MARYLAND  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  UNDERTAKER  (Address)  (Address)  Date  19. UNDERTAKER  (Address)  (A	1ER	15. MAIDEN NAME MARIA WATSON	23. If death was due to external causes (VIOL ENCE) filt in also the following	2 21
17. INFDRMANT MEMORIAL HOSPITAL  (Address) CIMBERLAND, MARYLAND  18. BURIAL, CREMITION, OR REMOVAL  Place Place Date Date Date 27, 19 3 / Nature of Injury Nature of Injury Nature of Injury Nature of Injury In any way related to occupation of deceased? It is o, specity (Signed)  20. FILED Control of the Nature of Injury In any way related to occupation of deceased? It is o, specity (Signed)  MEMORIAL HOSPITAL  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.  (Address)  Manner of injury Nature of Injury In any way related to occupation of deceased? It is o, specity (Signed)  M. D.	MOTE		Kana e tomi li calo	2 hid
(Address) CIMBERLAND, MARYLAND  18. BURIAL, CREMENTAN, OR REMOVAL Words Date (1872), 1934  19. UNDERTAKER (Address) CIMBERLAND, MARYLAND  Manner of injury frequency or floor  Nature of Injury frequency or floor  24. Was disease or injury in any way related to occupation of deceased? (Signed) (Signed) M. D.		MEMODIAT HOCDINAT	(Specify city or town, county and State	e)
18. BURIAL, CREMETION, OR REMOVAL  Place  Place  Date	17.	THE DRINGE STATE OF THE STATE O	Specify whether injury occurred in INDUSTRY, in NDWE, of in Public PL	40E.
Place Place Date Date Date Date Date Date Date Dat	18.	The state of the s	Manner of injury treplied on rung on 1	loon
19. UNDERTAKER (Address) (		Place / 1991 / Date (1072/, 193/	him the second	
20 FILED Ct 26 1931 Haven H. Weiss (Signed) W.B. Owens M.D.		19 S. Buth		1
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	20.	FILED CO. 2 6 19 2 1.1 AT AVECUATION Registrar.	(Address) 1 3 3 2 a Ave.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NO / 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RIPETRATES			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	-Example-I		Example II	
The principal cause of importance were a	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	I MON E SOOT	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 2000 4 2000 2000	July 5,1927	Peritonitis	3 days ago
	4.			
Other contributory of	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Item of Information should be carefully supplied. ACE should be stated EXACTLY, PIS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Nent of OCCUPATION is very important. See instructions on back of certificate. BINDIN FOR WITH UNFADING INK-THIS MARGIN RESERVED Every Item of Information CAUSE OF DEATH in pla CIANS should state CAUSE OF DEATH in pla statement of OCCUPATION is very important.

V. S. No. 1

20

PLACE OF DEATH

County Ollegany

(167)

## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village o	or City Frost	burg (No.	Thene	es Nac	pilat so	Wa
	2FIIII NAME	Lawr		1.		

ard) (If death occurred in a hospital or institution, give its NAME instead of street and

2FULL NAME Y awrence	mehaelo number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Made Chite Single, Married, Wildowsb. (Write the word)	16 DATE OF DEATH Oct, 22, 193/
6 DATE OF BIRTH  (Medath) (Day) (Year)	that I last saw halve on Oct 22, 193/.
7 AGE    If LESS than   I day hrs. or min.?	and that death occurred on the date stated above, at // 30 Pm. The CAUSE OF DEATH * was as follows:
a CCUPATION (a) Trade, profession or Retired Plasanes	Juit suividal intent
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Sel Realth . mos 14 https:
9 BIRTHPLACE (State or country)  10 NAME OF FATHER	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country)  (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER AND COUNTS	18 LENGTH OF RESIDENCE (For Hospitals) Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)	At place of death yrs mos 2 dr. In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of desth?
(Informant) (Manual Sur Market Su	Pansel Burying Sound Oct 25, 193/
Filed 192 MOM Lane Registrar	M. Eichhorn Konstoning
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of octo report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the pisease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); spinal meningitis"); Diphtheria (avoid use of "Croup"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

approved telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Heart lauure,
"Old Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiby Committee on Nomenclature of the valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

FOR BINDIN

RESERVED

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioselerosis	1916	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 doys ago
BURGAU V. S.			
Other contributory causes of importance:	j	Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 yeor

PLACE OF DEATH	STATE OF MARYLAND
County Allgany	CERTIFICATE OF DEATH
of M	Registration Dist. No.
Village or City Mostling (No.	Mard) a hospital Ward) a hospital or institu-
2FULL NAME TITA MIL	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH OCT 1 2 1931 (Month) (Day) (Year)
6 DATE OF BIRTH  Chief. 18 . 1921	17 Och 1 HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h Calive on Och 24, 1923
7 AGE   If LESS than   I day	and that death occurred on the date stated above, at 30% m. The CAUSE OF DEATH * was as follows:
// yrs. 6 mos. 4 ds. or min.?	acute Dangens
(a) Trade, profession or particular kind of work	J appendientie
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary  (Durstion) yrs. mos 3 .de.
10 NAME OF FATHER UNLEMBUM	(Signed) M. M. Corrupt M. D.
0) 11 BIRTHPLACE OF FATHER	1921 (Address)
Z (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER CAMPAGE	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	icnts or Recent Residents)  At place In the of deathyrsmosds. Stateyrsmosds.
(State or Country) Ellaryland	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Informant) EMANA MUSEUM (Address) / Gmaching Mas.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  A A A A A A A A A A A A A A A A A A
Filed 56 192 AUM Alang A Registrar	20 UNDERTAKER ADDRESS
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. vner, (b) Cotton mill; (a) Salesman. (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) (Recommendations on statement of cause of death lclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be accertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease " Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropay, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary Whooping ..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, pcritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as by Committee on Nomenclature cough; " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	11554
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1. PLACE OF DEATH		(158)	
County allegan		Registrati	on Dist. No.
Village or City / Ougle	son	No	St., Ward
		f death occurred in a hospital or institution, give its NA	
Length of residence in city or town where	death occurred yrs mos	sds. How long in U.S. if of foreign birth?	yrsmosds.
2. FULL NAME day our	1 Miller		
(a) Residence: No.	wson	St., Ward.	
PERSONAL IND CO.	(Usual place of abode)		dent give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICA	TE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH	6 193 /
Hemale Strike		(Month)	(Day) (Year)
5e. If married, widowed, or divorced HUSBAND of		22. 1 HEREBY CERTI	FY. That I attended deceased from
(or) WIFE of			, 19
6. DATE OF BIRTH (month, day, and year)	1.6- 18/931	I last saw h alive on	
7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at	
	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related of	
8. Trade, profession, or particular	ormin.	were as follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		7011/11/11	
		110 Vilating	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Co	
0 10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this		
year)	occupation	Other Contributory Causes of importance:	:
12. BIRTHPLACE (city or town)	***************************************	- Importance.	
(State or country)	001	_	
13. NAME TO LEAST 14. BIRTHPLACE (city or town)	Muller.		
14. BIRTHPLACE (city or town)	delon 20	Name of operation	Date of
(State or country)	Word.	What test confirmed diagnosis?	Was there an autopsy?
15. MAIDEN NAME Minnie	Hotelaunes	23. If death was due to external causes (VIOLENCE	fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Metonco	Accident, suicide, or homicide?	
E (State or country)	Ova.	Where did injury occur?	
17. INFORMANT Nobella	Milles	(Specify city Specify whether injury occurred in INDUSTRY, in	y or town, county and State) HOME, or in PUBLIC PLACE.
(Address)	u 911/19	-	
18. BURIAL, CREMATION, OR REMOVAL	and or all	Manner of injury	
Place Vice Nay	Date 02 7 193 /	Nature of Injury	
19. UNDERTAKER 1 1 1 09.1	R:	24. Wes disease or injury in eny way related to oc	
(Address)	1 ang	If so, specify	
016-8 til	199	(Signed)	WW J M.D.
20. FILED	Registrar.	(Address) Alle	er, Wila,
	/ //		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanie," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be ealled a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related eause of importance were as follows:	S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may he properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

mation should be carefully supplied.

V. S. No. 1

5	f infor-
7	item o
	Every
	RECORD.
BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of in
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MARGIN RESERVED FOR BINDING	UNFADING
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	PLAINLY,
. No. 1	B.—WRITE
, S	ż

4 DIAGE OF BUILDING	CERTIFICATE OF DEATH 11555
County ALLEGANY WITHIN CORPO	Registration Dist. No.
Village of City - CUMBRALAIVID, MID - NEMOR-LAD-	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	ds. How long In U.S. if of foreign birth?mosds.
2. FULL NAME SUCLES OF THE STATE OF THE STAT	The second second
(a) Residence: Np. 438 GOETHE ST., CUMBER (Usual place of abode)	LAND, MD . Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FEMALE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  OCT • 20 1931  (Pay)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) OCT, 20, 1931	I last saw ha death is said
7. AGE Years Months Days If I.ESS than	to have occurred on the date stated above, at 1;25 mA.M.
abortion 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Note the constant worked at 11. Total time (years)	abortion
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation coupation	Dither Coutributory Causes of importance:
12. BIRTHPLACE (city or town) MARYLAND	Driver Countries of Importance.
(State or country)	457
13. NAME JOSEPH E. MINNICKS  14. BIRTHPLACE (city or town) MARYLAND	
44. BIRTHPLACE (city or town) MARYLAND (State or country)	Name of operation Date of Was there an aulopsy?
当 15. MAIDEN NAME ADA JUNKINS	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) MARYLAND	Accident, suicide, or homicide?Date of injury, 19
State or country   17. INFDRMANT   MEMORIAL HOSPITAL   (Address)   CUMBERLAND   MD	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL  Phillered Gue Torque Oct 23, 1931	Manner of injury
19. UNDERTAKEN Jones Starie of the	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Ct. 23, 1931, Larrey H. Weiss	(Signed) Many 14 Ray 118 M. D.
Registrar.  If more blank are needed, address State Registres.	(Address) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5	1921	Run over by strect car	1 week ago
Cercbral hemorrhage	July5,1927	Peritonitis	3 days ago
DU Dunia			
The second secon			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year
			1

V. S. No. 1

m	or-	ate	Y-	
-	inf	st	CUP	
S	N. B.—WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
	ite	S	Jo	
	very	ANS	nent	
	D. E	SICI	tater	
	COR	HA	ct s	
	REC		Exa	
5	IN	TI	d.	
Ž	ANE	CI	sifie	
Z	RM	NA	clas	
M	PE	d E	rly	cate
JARGIN RESERVED FOR BINDING	V SI	state	prope	TION is very important. See instructions on back of certificate.
Q	SIL	pe	pe	of c
RVE	T	plno	nay	ack
区区	INK	sho	it I	on h
NE SE	YG.	AGE	that	Suo
Z	ADIT	d.	, so	ucti
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V. S. No. 1	1	m	Ü	I
vi S	N. E			
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	CERTIFICATE OF DEATH 11558
1. PLACE OF DEATH	TIMITE 3
County Alleganyy	Registration Dist. No.
County Allegany;  Village or City Cumberland, Md. WITHIN CO	No. Memorial Hospital. SF. 6-1 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME tell from the This was	s a case of 4 or 5 months preg-
	placenta partly gangrenous.
(Usual place of abode) *	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 3. 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 10/17/31. (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
20/27/22	
6. DATE OF BIRTH (month, day, and year) 10/17/31 7. AGE Years Months Days I I LESS than	to have occurred on the date stated ebove, at
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	This was a case of 4 or 5
← Industry or business in which work was done, as SILK MILL,  *  *  *  *  *  *  *  *  *  *  *  *  *	months pregnancy; placenta
SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total fime (years) spant in this occupation	partly gangrenousl
12. BIRTHPLACE (city or town) Cumberland, Md. (State or country)	Other Coutributory Causes of importance:
13. NAME Chas. Russellx Mullan	
14. BIRTHPLACE (city or town) Do not know (State or country)	Name of operation Date of
15. MAIDEN NAME Anna Dyer	Whet test confirmed diagnosis?
16. BIRTHPLACE (city or town) O not know.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT DV. a. H. Hawkins (Address) Cumberland md	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
Place Memorial Hospital 17, 1931	Manner of Injury
19. UNDERTAKER The more of tought.  (Address) Cumberland	24. Was disease or injury in any way related to occupetion of deceased?
20. FILES Ou. 27, 1931. Have State.	(Signed) M. D.
Registrar.  If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.	-		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year


Registration Dist. No How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH . 193 (Month) (Day (Year) CERTIFY, That I attended deceased from to have occurred on the date stated above, at Oate of onset Other Contributory Causes of importance What test confirmed diagnosis Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Oate of injury\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of (Signed) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore/Requesting V. S. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, ctc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were a	of death and related causes stollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1 NOV 5 163	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BULLATING	July 5,1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	STATE OF MARYLAND-	CERTIFICATE OF DEATH	
infor- state UPA-	1. PLACE OF DEATH	11,550	)
ould occu	County (Illes Spee	Registration Dist. No.	
item of should of OCC	Village or City NA CALLED	ND. St.	Ward
.=		death occurred in a horpital or institution, give its NAME instead of street and number	)
	A. Th. D.	ds. How long in U.S. if of foreign birth?yrsmos	us.
CORD. Ever PHYSICIAN act statemen	2. FULL NAME CULLADRY MONO	NOW	
CORD CORD CORD CORD	(a) Residence; No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
Kact PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
VT REOL Y.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  193  (Y)	/ear)
NE NE NE T	5a. If married, widowed or divorced HUSBAND of		
BINDING FRMANE: EXACT y classified	(or) WIFE of Mary Monthon	22. Self HEREBY CERTIFY. That I attended decease	ed from
- m	6. DATE OF BIRTH (month, day, and sear) Jour 15 /854	l last saw ham alive on Q PX 6 193 / death	h is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6, P.m.	
FOR IS A F stated properliftca	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
0 00 00 00	8. Trade, profession, or particular kind of work done, as SPINNER, Joble dresser	Ceretal Heumowhage Sie	of onset
TED THIS I be y be k of		Paralysis "	
KK—T should it may n back	9 Industry or business in which work was done, as SILK MILL, R. SAW MILL, BANK, etc		
INE INE	10. Date deceased last worked et this occupation (month and 42)		
N T T I	12. BIRTHPLACE (city or town) PAIN SOURS	Dther Contributory Causes of importance:	
RGIN VFADI olied. rms, so	(State or country)	e proue hepasies	
UNFA Supplied n terms,	13. NAME Cuthory Morohou Sn		
t to the	14. BIRTHPLACE (city or town)	Name of operation Date of	
WITH fully s n plain	(otate of county)	What test confirmed diagnosis? Was there an autopsy	120
W] efu in l	15. MAIDEN NAME Budget Hunghou	23. If death was dua to external causes (VIOL ENCE) fill in elso the following:	
	16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Data of injury, 19	9
AINLY, Id be can DEATH	Cities of Country, O'80 sacres	Where did injury occur? (Specify city or town, county and State)	
PLA hould OF DI	17. INFORMANT MANUAL TO A STATE OF THE STATE	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
	18. BURIAL, CREMATION DR REMOVAL	Manner of Injury	
— Z _ M .=	Place to Tevas Que Date Cet 9 , 193/	Nature of injury	
WRITE mation s CAUSE TION is	19. UNDERTAKER Towis Stern on C,	24. Wes disaase or Injury in eny way related to occupation of deceased?	
9	(Addiess) Burk Erland MA	If so, specify	
S. B.	20. FILEDOCK 7 193/ Har Bostitu NO	(Signed) A STABLLE	M. D
> 14	frea Registrar.	(Address) UM Toward MA	
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis I OV 3 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run aver by street car	1 week ago
Cerebral hemorrhage   BU V.B.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

9 1 / -	
1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 11557
1. PLACE OF DEATH	(120)
County allegany	Registration Dist. No.
Village or City Frantburg	No. 6 2 Captinal St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 2 yymos	ds How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME andrew Jackson	moore
(a) Residence: No. 6 2 (Josephine) (Usyla/place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED twite the word, OR DIVORCED twite the word,	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorced	
(or) WIFE of margaret Ella moore	22. ALMEREBY CERTIFY. That I attended deceased from 193/1, to
6. DATE OF BIRTH (month, day, and year) Jan 3 1846	I last saw ham alive on Oct 10 , 193/; death is said
7. AGE Years Month Days If LESS than	to have occurred on the date stated abova, at 2m.
85 9 /2 1day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Re tweed 1-army.	Lendit
kind of work done, as SPINNER, sawyer, BOOKKEEPER, etc. etc. etc. etc. etc. etc. etc. etc.	J
11. Total tima (years) this occupation (month and 30 spent in this year)	
12. BIRTHPLACE (city or town) Rocking ham Co (State or country) Virginia	Other Coutributory Causes of Importance:  Authorized Garages - Enterty 0193
13. NAME Thomas more	
13. NAME / hom as Moore  14. BIRTHPLACE (city or town) / when how	Name of operation Date of:  What test confirmed diagnosis? Clin Furnity Was there an autopsy?
15. MAIDEN NAME > Holsingle	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicida?
17. INFORMANT Emma moore (Address) Forthura md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL CREMATION, DR REMOVAL	Manner of injury
Place Meyany Com. Date Jet 3t. 1931	- Nature of injury
19. UNDERTAKER Jacob Jacob (Address) A Frestlynon Jacob	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 17, 1931 DIPON Lane SI Registrar.	(Signed) Worm fame fr M. D. (Address) Family Man M. D.
	2411 N. Charles Street. Baltimore. Requesting U. S. No. 1.

HIM

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhoge	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1				CERTIFICATE OF DEATH	1560
1. PLACE C	OF DEATH			TOTAL TOTAL TS (19)	000
County	ALLEG	NY	WITHIN CO	REPORATE LIMITS (9) Registration Dist. No.	
Village or	CityCUMBERLA	AND.MD.			- Ward
			(1	If death occurred in a hospital or institution, give its NAME instead of street and	d number)
il .		death occurred	yrs2	s. 2 ds. How long in U.S. if of foreign birth?yrs	mos ds.
2. FULL NA	WINT	ER NAILL		(2 t R)	
(a) Reside	ence: No.LITTLE_1	VALLEY R (Usual place	OAD CU	MBBRLAND, WAD . ( R. W. D.) If nonresident give city or town an	J Contract
PERSOI	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	d Slate
3. SEX MALE	4. COLOR OR RACE	S. SINGLE, MAR	RIED, WIDOWED.	21. DATE OF DEATH 1931	
MALE	MUTIE		O (write the word) GLE	OOM E TOTT	, 193
5a. If married, wido HUSBAND of	wed, or divorced	·	dilla.	OUT • 5 , 1 (Mooth) (Day)	(Year)
(or) WIFE of				22.   HEREBY CERTIFY, That I attended	d deceased from
C DATE OF BIRTH		Lick 21	1-1901	1937 60 000 4	19 7
	(month, day, and year)  Months	Days	If LESS than	to have occurred on the date stated above, at.	; death is said
Sign Test	H	11	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8. Trade, profe	ession, or particular		or min.	were as follows:	Date of onset
SAWYER	work done, as SPINNER. R, BDOKKEEPER. atc	Infant	•	00000	any
Q work wa	business in which as done, as SILK MILL,			Chun, Ilas Colete,	- 10
SAW MI	ILL, BANK, etcsed last worked at	11 Total #	me (years)		
this occ	upation (month and	sper	nt in this		rest
	MAR	YLAND		Other Contributory Causes of importance:	7,-
12. BIRTHPLACE (c (State or cou	city of town)			0. 1	13
13. NAME	THOMAS NAI	LL		questina Toxellica	
13. NAME 14. BIRTHPLAC	MAR?	YLAND		Name ef operation Date of	
(Stata o	r country)			Name et operation Date of Was there an	autopau?
15. MAIDEN NA	AME JESSIE	LEASURE		23. If death was due to external causes (VIOLENCE) fill in also the followin	
	E (aity or town)		-	Accident, suicide, or homicide? Date of injury	
∑ (State o	r country)	NNSYLVAN	IA	Where did injury occur?	
17. INFORMANT	MEMORIAL-HO	OSPITAL.		(Specify city or town, county and Ste Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	ate) LACE.
(Address)	CHMBERTAND				
18. BURIAL, CREMA		L Date Oct	16 31	Manner of injury	
riace / Po	W. le	·	3, 19.0.1	Nature of injury	
19. UNDERTAKER	como ste	in 20	re o	24. Was disease or injury in any way related to occupation of deceased?	
(Address)	ande	Mand	THE	If so, specify	
20. FILEDUR	· 6 190/1 HZ	wey H	Tillia	(Signed)	M. D
	If mitted	blanks are needed a	Registrar.	At11 N. Charles Street, Baltimore, Requesting U. S. No. 1.	щ-
	ועריי י-	OWEN	S C 4	19411 11. Counts Street, Danimore, Requesting 'U. S. 140. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: 5	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			2

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. AARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11001
County Clegany	CORPORATE LIMITS Registration Dist. No.
Village or City Complex Complex WIT	No. allegany Jose & Ward
(If  Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution et e its NAME instead of street and number)  ds How long in U.S. if of forcin birth? yrs mos ds.
2. FULL NAME Colum natalie	
0.4	- L-1
(a) Residence: Np. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OIL DIVORCED (write the word)	21. DATE OF DEATH
male white single	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	
6. DATE OF BIRTH (month, day, and year) MASS 17-1931	I last saw h An alive on Oct 24 19 21 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abovo, at 215 A.m.
5 0 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
R Trade profession or particular	Gastro-enteritie: one month, cever
SAWYER, BOOKKEEPER, etc.	Malmitution
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O TO Date daceased last worked at 11, Total time (years)	Morasum.
this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) manufactal	Other Coutributory Causes of importance:
(State or country)	
13. NAME Satry natalie	
14. BIRTHPLACE (city or town)	Name af oparation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN LANGE (city ar thun)	23. If death was dua to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLICE (city ar t wn)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Saty Catalies	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURLAN, DIEMATION, DR REMOVAL	
Sold steet bank and Date Oct 26- 1931	Manner of injury
D 1 94 9	Natura of injury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
0c+ 2/ 31 H	If so, specify  (Signed) Walter 3. Julium M.D.
20. FILED CC . a D, 1921, Namely Telling Registrar.	(Address) 127 Realful St.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	ARECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerchral hemorrhage	NOV 5 1931	July 5,1927	P.erilonitis P.erilonitis	3 days ago
	BURFAU V.S.			
Other contributory c	duses of importance:	- Charles	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICLANS should state Exact statement of OCCUPA. AARGIN RESERVED FOR BINDING CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLANI	CERTIFICATE OF DEATH 11582
1. PLACE OF DEATH	reide of 210 m
County Mugany.	Registration Dist. No.
Village or City have bronderland	(If death occurred in a hospital or institution, we its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	mosds. How long in U.S. if of foreign birth? yrs mosds.
2. FULL NAME Ellen relson	
(a) Residence: No. Fresh Alem	St., Ward.
(Usual pace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hendle Winte 5. SINGLE, MARRIED, WIOOW 98 DIVORCED (write the wo	
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That Lattended deceased from
(or) WIFE of John.	22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19, 19
5. DATE OF BIRTH (month, day, and year)	I last saw h alive on, 19; death is said
AGE Years Months Days If LESS t	
What 82 - 1 day,	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Organic Keart Oate of onset
9 Industry or business in which	() Olderse
work was done, as SILK MILL, SAW MILL, BANK, etc	
Should it fail	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Shock following
(State or country)	- auto acident
13. NAME OLVANIA TO THE STATE OF THE STATE O	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Oate of
	What test confirmed diagnosis?
	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide Accident Date of injury 26, 19.3
16. BIRTHPLACE (city or town (State or country)	Where did injury occurral Pike man La Vale n
7. INFORMANT Irla Selson	(Specify of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) tress glan in	d. On public highway
8. BURIAL, CREMATION, OR REMOVAL	Manner of injery Struck Sof auto probile
Place Place Que Que 19	Nature of injury
19. UNDERTAKER Imo Stem Inc.	24. Was disease or injury in any way related to occupation of deceased?
(Address) bunderland	If so, specify
11-1 2 2 2 1 2 1	A LOS IN VICTOR OF A LANGE AND
20. FILEO JCS: D, 19.3 J. Harvey H. Registr	(Address) And Address (Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	=	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neparitis NOV 3 1981	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonilis	3 days ngo
The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

FOR

RESERVED

MARGIN

stated EXACTLY, P properly classified. of certificate. CORD te stated eq PERMAN Ehould / supplied. ACE the lin terms so that it See instructions of K S UNFADING INK--THIS be carefully s EATH in plain / important. S Should I WITH of Information WRITE

PROPATE LIMITS PHYSI-PLACE OF DEATH Village or Cit PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 3 SEX 4 COLOR OR RACE MARRIED, it may be WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH (Year) (Month) (Day) If LESS than 7 AGE I day hrs. 8 OCCUPATION
(a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Very 10 NAME OF Ø 11 BIRTHPLACE S OF FATHER CAUS L (State or country) Lil Or 12 MAJUEN NAM PA OF MOTHER 90 Every Item of InforCIANS should statestatement of OCCU 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO Registras 20 N. Saratoga St., Balto., Lequesting V. S. I.o. 1. Z If more banks are needed, addre s Ltate Negistrar,

kline Hospital Registration Dist. No. 4
Ward)  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH Och. 10 , 193/
(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from
that I last saw ham alive on Oct 10 , 193
and that death occurred on the date stated above, at 5. 40 m.
The CAUSE OF DEATH * was as follows:
Tracture at time of skull
(Duration)yrsmosds.
Contributory
(Duration) yrsmosds.
(Signed) J. a. Walson M. D.
Od. 16/192/ (Address) Hancock md, 1.3
*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.
Accidental, Suicidal or Homicidal.  18 Langth Of Rasidence (For Hospitals, Institutions, Trans-
Accidental, Suicidal or Homicidal.  13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
Accidental, Suicidal or Homicidal.  18 Langth Of Rasidence (For Hospitals, Institutions, Trans-
Accidental, Suicidal or Homicidal.  18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place in the
Accidental, Suicidal or Homicidal.  13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs for the State yrs most ods.  Where was disease contracted.
Accidental, Suicidal or Homicidal.  13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrs
Accidental, Suicidal or Homicidal.  13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted, if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  M.E. Church Parks
Accidental, Suicidal or Homicidal.  13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted, if not at place of death?  The proper of usual residence

STATE OF MARYLAND CERTIFICATE OF DEATH

No 00 >

(Approved by U. S. Census and American Fublic Health Association.)

should be used only when needed. additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary freman, etc. But in many tion applies to each and every person, irrespective cf fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, Farm loborer, Laborer-Coat munc, etc. woun-en at home, who are engaged in the duties of the er," etc., (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Parmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only that paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. For many occupations a single word or term on Farm loborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation As examples: (a) 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

-telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) approved by Committee on Nomenclature "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state, MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be st.ted unless important. Example: Mcasles (disease unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

9 411

V. S. No. 1

M

1. PLACE OF DEATH  CountyALLEGANYWITHIN CORP  Village or CityCUMBERLAND.MD. MEMORIAI	death, occurred in a hospital or institution, give its NAME instead of street and number)			
2. FULL NAME HARVEY OATES  (a) Residence: No. PETERSBURG . W. VA. (Usual place of abode)	St., Ward Petersburg W. V			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX  4. COLOR OR RACE  WHITE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  WARRIED	21. DATE OF DEATH OCTOBER, 3, 1931 (Month) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of MARY HEDRICK OATES	22. 9-25- 1931 to 10-3- 1931			
6. DATE OF BIRTH (month, day, and year) MAY, II, I906  7. AGE Years Months Days If LESS than I day, hrs.	to liave occurred on the date stated above, at I2:25 mA · M.  The PRINCIPAL CAUSE OF DEATH and related gauges of importance			
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.—SCHOOL—TEACHER—9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.— Date deceased last worked at this occupation (month and spant in this	Date of onset			
yoar) occupation  12. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)	Other Contributor Canes of importance:			
13. NAME HARVEY OATES  14. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)	Name of operation. Date of			
	What test confirmed diagnosis? Was there an autopsy?			
15. MAIDEN NAME ELSIE GOODE  16. BIRTHPLACE (city or town) WEST VIRGINIA  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?			
17. INFORMANT MEMORIAL HOSPITAL  (Address) CUMBERLAND, MD.  18. BURIAL, EDEMACION, OR REMOVAL  (1966) LINGUIST W. Date Oct 5, 193/	Manner of injury			
19. UNDERTAKER Pittisburg WV	24. Was disease or injury in any way related to ecompation of decembed?  If so, specify  (Signed).  M. D.			
20. FILE OCT. 19. 21. Have H. Registrar.	(Address) Charles And And			
If more blanks are needed address State Registrate 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows: 1931  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	5 . 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	26 4 4000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ons on back of certificate.	
V. S. No. 1	N. B.—WRITE PLAINLY, WITH UNFADING	mation should be carefully supplied. AG	CAUSE OF DEATH in plain terms, so th	TION is very important. See instructions on back of certificate.	

	STATE (	OF MARYLAND		OF DEA	TH	PAR
1. PLACE O	F DEATH		PATELIMIT		411	500
County	Mill	gary	M CORPUR.	Registration D	Dist. No.	.,
Village or	City Court	erland WITH	No. Memori death occurred in a hospital or institut	ion, give its NAME	instead of street and	6-1 Ward
Length of res	sidence in city or town where	death occurred yrs mos	How long in U.S. if of	foreign birth?	yrsr	nos ds.
		tone, Md. (Usual place of abode)	St., Ward. F1:	intstone	Md.	d State
PERSO	NAL AND STATIST	ICAL PARTICULARS	MEDICAL CE	ERTIFICATE	OF DEATH	*
3. SEX Male	4. COLOR OR RACE White	5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	Qc	¥.16	, 193
5a. If married, wido HUSBAND of (or) WIFE of			22. J HEREBY	(Month)	( Day)	(Year)
	(mark day 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	£16-1931	last saw h sin article	19.31, to Cl	ct. 1	6, 19 3
	(month, day, and year)	Days   If LESS than	to have occurred on the date states	d above, at 3. 16	P.m	r-, death is said
	stills	1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEAT were as follows:			Date of onset
8. Trade, profession of SAWYER	ession, or particular work done, as SPINNER, R, BOOKKEEPER, etc	none	stillo	on		
9. Industry or work w	business in which as done, as SILK MILL, ILL, BANK, etc					
	sed last worked at upation (month and	11. Total time (years) spant in this occupation		- 4 - 4 - 5		
12. BIRTHPLACE (c		berland, md	Other Contributory Canses of impo	rtance:		
13. NAME 14. BIRTHPLAC	alden	Poole	-			
14. BIRTHPLAC	E (city or town)	rl	Name of operation		Date of_	
(State o	or country)	D 0	What test confirmed diagnosis?		Was there an	autopsy?
	EE (city or town)	Penne	23. If death was due to external cau Accident, suicide, or homicide? Where did injury occur?	(Specify city or t	ate of injury	, 19
17. INFORMANT(Address)	flints	tone, md.	Specify whether Injury occurred in	INDUSTRY, in HOA	ME, or in PUBLIC P	LACE.
	tion, or removal en Ridge, Md	Date Oct. 17, 19 31	Manner of injury		•	
19. UNDERTAKER (Address)	Elden (	Poole, Paren	Nature of injury 24. Was disease or injury in any wa	ay related to occupa	tion of deccased?	
20. FILEDOCT	16,19.3 J.N	awey Hele's	(Signed) (Address)	Jul	rack	M.D.
	If more	e blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Red	questing U. S. No.	z.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which eauses death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal eause and any important complication of the principal eause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows: NOV 5 1931	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	~ 1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	Į

•		

V. S. No. 1 B TION is very important. See instructions on back of certificate.

of OCCUPA.

STATE OF MARYLA	ND-CERT	TIFICATE OF DE	ATH 11566
1. PLACE OF DEATH		TOTAL S	1/
County_ALLEGANY	N-CORPORATE	Registratio	on Dist. No.
Village or CityCUMBERLAND, MD. WE	ORIALLHOSI	eTip Afferital or institution, give its NA	St., 6—1 Ward
Length of residence in city or town where death occurredyrs	mos. O . ds	The word in U.S. if of foreign birth?	yrsmos ds.
2. FULL NAME Folant Pugs		caut	
ATE COMMUNICAL	UMBERLAND,	MD 10-20	
(a) Residence: No. (Usual place of abod			ent give city or town and State
PERSONAL AND STATISTICAL PARTICUL	RS	MEDICAL CERTIFICAT	TE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, V		TE OF DEATH	
MALE WHITE SINGLE (write	he word)	-OCT, 26, 193Th)	(Day) , 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	22.	LUEBERV CERTI	F Y, That ! attended deceased from
(or) WIFE of	"Ac	125 /3, 19 to	193
6. DATE OF BIRTH (month, day, and year) OCT 25 TO3	I last sáw	10/10/19/1	3/- 19 death is said
		ccurred on the date stated above, at	;05 A.M.
80.	ine PKIN	CIPAL CAUSE OF DEATH and related ca	auses of importance
9 Trado profession or partiaular	min. were as f	Premeturel	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		O'll manusca	7
A. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			
O 10. Date deceased last worked at this occupation (month and year) year)			
12. BIRTHPLACE (city or town) CUMBERLAND, MD.	Other Co	ntributory Causes of importance:	
12. BIRTHPLACE (city or town) COMDERLIAND   MID   (State or country)			
II 13. NAME JAMES PUGH			
13. NAME SANIES TOUT  14. BIRTHPLACE (city or town)	Nama of	operation	Date of
[ 14. BIRTHPLACE (city or town) WEST VIRGINIA (State or country)		confirmed diagnosis?	
15. MAIDEN NAME CHITTENA DODITAGON		was due to external causes (VIOL ENCE	
INDUMA RUBINSUN		suicide, or homicide?	•
[OStata or country]		f Injury occur?	Data of mjuly, 13
MARKODIAT HOCDIMAT			or town, county and State)
17. INFORMANT MEMORIAL HOSPITAL (Address) CHIMBERLAND MD	Specify ii	nother injury occurred in 111000 inti, in	HOME, OF HIT OBEIG PEAGE,
18. BURIAL CREMOTION, OR REMOVAL	Manner o	f injury	
Place Mil Hell flow Date UVF	6, 19.3/ Nature of		
dry in Itime ( Ing)		sease or injury In any way related to occ	Anation of decayed?
19. UNDERTAKER (Address)	If so, spe	. //	parion of deceased:
0 821 31 Have Sul	(Sign	2/ 1/2	nolds, M.D.
20. FILED JC - 6 -, 19. D. 1. N. W. L. J. J. V.	Registrar.	(Address) 122 & Cha	treft,

DR . REYNOLDS

If more blanks afe needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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410 10 10 10 10 10 10 10 10 10 10 10 10 1			
th and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
NOV 5 mell	1915	Attack of epilepsy	1 week ago
	1921	Run over by street car	1 week ago
PURLLE	July 5,1927	Peritonitis	3 days ago
of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	NOV 5	of importance:	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  of importance: Other contributory causes of importance:

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK--THIS IS A PERMANE LY,

MARGIN RESERVED FOR BINDING

WRITE PL N. B .--

PLACE OF DEATH Outside Of County Clegary City Limits	3 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Cumberland No. 3 - R 2FULL NAME Still Born	Registration Dist. No.  (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE SINGLE, MARRIED, Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oct, 2, 1931  (Month) (Day) (Year)
6 DATE OF BIRTH  Oct. 2 , 193/  (Month) (Day) (Year)	17 Of HEREBY CERTIFY, That I stended the deceased from 1953, to 1, 1963/, that I last saw h Paliws on Oct. 2, 1963/,
7 AGE 2 mos, intesteine   If LESS that   I dayhre   ormin.	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)	2 moz, intranterine (Duration) yrs mos de.
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary  (Duration)
FATHER Freel D. Purnell 11 BIRTHPLACE	Oct 2 1981 (Address) Cumberland, Jud
OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Maryland	ienta or Recent Residents)  At place of death
(Informant) Mildred L. Puruell	Former or usual residence.
(Address) Cemberland, Jud.	Cremated. Date of Burial Oct. 2, 19.3.
File 2 1921, Harve H. Weistrar  If more branks are needed, address State Registrar	20 UNDERTAKER  ADDRESS  Line 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The materia. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more province of the laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the For many occupations a single word or term on yrs). Compositor, For persons who have no occupation Stationary freman, etc. Architect, Locomotive engineer, But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,"

> (contributory." approved by Committee on stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonilis, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; Chronic etc. affection need not be valvular heart disease; Nomenclature of the The contributory

If this certificate is looked over thoroughly and a'l questions abswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.—WRITT PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		1100 m 1 1008
County ALLEGANY	WITHIN CORPORA	Registration Dist. No.
Village or City CUMBER LAND	WITHIN	No. MEMORIAL HOSPITAL St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death of		ds. How long In U. S. if of foreign birth?yrsmosds.
2. FULL NAME JANE RA	AINES	
(a) Residence: No. AMECELLE	ACRES, CRESAPT	ONSI,, MD. Ward. Ochanic give city or lown and State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	INGLE, MARRIED, WIDOWED, R DIVORCED (write the word) SINGLE	21. DATE OF DEATH  OCTOBER 15, 1931  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of CHILD		22. HEREBY CERTIFY) That I attanded deceased from
6. DATE OF BIRTH (month, day no year)	15 1926	I last saw h. Er alive on (21, 13 19.3); death is sald
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 8: 30 ArM .
5 /	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,		1 1
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Out to
work was done, as SILK MILL, SAW MILL, BANK, etc.		flystar full and
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation	Conse
TEA DOOT A	NT)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	TA D	Culomotele accedent
13. NAME WILLIAM G.	RAINES	
13. NAME WILLIAM G.  14. BIRTHPLACE (city or town) MAR	YLAND	Nama of operation
(State of country)		What test confirmed diagnosis? Was there an autopsy!
<b>E</b>	MPSON	23. If death was dua to external causes (VIOL ENCE) fill in also the following
O 16. BIRTHPLACE (city or town) MAR' (State or country)	YLAND	Accident, suicide, or homicide?
MEMORIAL HOGI	PTT AT.	(Specify city of town, county and State) Specify whether injury openred in INDUSTRY, in NOME, or in PUBLIC PLACE.
17. INFORMANT WEMORIAL HOST		Preflee Blace
18. BURIAL, CREMATION, OR BEMOVAL Place [Name Line ] Lee Da	te Od17,1931	Nature of Injury Academic Cervical Fulfice
19. UNDERTAKER Bless Socie	Tues 1 1	24. Was disease or injury in any way related to occupation of deceased?
(Address)	and Ma	If so, specify
20. FILED Ct. 16, 1931. Harve	y Hullisa	(Signed) Welleaux h. M. D.
75 black	Registrar.	(Address) Scholas State Baltimore Programs 71 S. No. 2

DR. BURNS

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private\_family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial ne	phritis 1 04 1 20 1	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SURFAU V.S	July 5, 1927	Peritonitis	3 days ago
	2 Marthan Marin			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

infor-

	STATE OF MARYLAND—CERTIFICATE OF DEATH
1.	PLACE OF DEATH
	County ALLEGANY Registration Dist. No.
	Village or CityCUMBERLAND, MD. MEMORIAL (1400 Secured Althorpital or institution, give its NAME instead of street and number)
	(pacetin-occurred an Amorphia) or institution, give its NAIVIE instead of street and number)

1. PLACE	OF DEATH	_		PORATE LIMITS () Registration Dist. No.
County	ALLEGANY	MAT	HIN COPE	Registration Dist. No.
Village or Length ot re	CityCUMBERIA	ND, MD. ME	MORIAL	Ward
2. FULL NA (a) Reside	AME KENNET ence: No. HANCOC	H ROBERTS	UTE #3	St, Ward.  If nonresident give city or town and State
PERSO	NAL AND STATIS	TICAL PARTICE	JLARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIE OR DIVORCED (* SIMGL	write the word)	21. DATE OF DEATH  OCT. 2 Impn 193 I (Day) (Year)
5a. It married, wide HUSBAND of (or) WIFE of	owed, or divorced			22. I HEREBY CERTIFY. That I attended deceased from  10. 19. 19. 19. 10. 2 1. 19. 51
	(month, day, and year) Weers Months	Oays	14 ILESS than	i last saw h ** i last saw h *
E77		1	1 day,	The PRINCIPAL CAUSE OF OEATH and related causes of importance were as follows:
9. Industry of work w	fession, or perticular: work done, as SPINNER, R, BOOKKEEPER, etc r business in which vas done, as SILK MILL, iILL, BANK, etc	LABORER		Clark Myscorletes
year) _	cupation (month and	11. Total time spant is occupat	n this	Other Contributory Causes of importance:
(Stet a or co	city or town) MARYI puntry)	AND		Sphoil Lend
13. NAME	JAS.H. ROBE	RTS		7
(State	CE (city or town) AA or country)	RYLAND		Nalge of operation Date of What test confirmed diagnosis? What test confirmed diagnosis? Was there an au'opsy? W.C.
	ORA MAN  CE (city or town) MAR  or country)			23. If death was due to external causes (VIOLENCE) fill in also the tollowing:  Accident, suicide, or homicide?
17. INFORMANT(Address)	MEMORIAL CUMBERI			(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMA	nay Plaines	, and Dot	24,1931	Manner ot injury
19. UNOERTAKER (Address)	Eph &	with 1	6	24. Was disease or injury in any way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of importance were a	ipal cause of death and related causes Date of onset The principal cause of death and related cause of importance were as follows:		Date of onset		
Arteriosclerosis	NOV 5 1931	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURDAU V S.	July 5,1927	Peritonitis	3 days ago	
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

NG INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	<del>(82.a)</del> 11576
County allegant.	Registration Dist. No.
Village or City Los Ancohing	No. Seatel Hell St, 769- Wa
	If death occurred in a hospital or institution, give its NAME instead of street and number)  os. ds. How long in U.S. if of foreign birth? 7 D. yrs. 710 mos. 8
(	00
2. FULL NAME anna Burlon hus	Oll
(a) Residence: No. Trastky - Uhl (Ususplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Thate Married	21. DATE OF DEATHER OF DEATH (Month) Q (Day) 193 (ear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lea. H. Russell '	9 all, Olice 1931 19 19 19 1 1 attended deceased f
6. DATE OF BIRTH (month, day, end year) Det 19- 1859	I last saw h. Cr. alive on Con 26,79 , 193/; death is s
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4-300 m.
12 none 8 lady, hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of or
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	apolalegy Buddindest?
9. Industry or business in which work was done, as SILK MILL,	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Treselburg ond:	Other Contributory Canses of importance:
#	Name of operation Date of Date
14. BIRTHPLACE (city or town). I had: (State or country)	What test confirmed diagnosis? Was there an autopsy
15. MAIDEN NAME James M Lengie.	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city of 10wn) md.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mellie May re (Address) January mill	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL SALLIFICATION TO THE TOTAL THE T	Manner of injury
Place onactains. Date leg. 19.	Nature of injury
19. UNDERTAKER Dear Son Con (Address) Language mile	24. Wes disease er injury In eny way related to occupation of deceased?
20. FILED Oct. 78, 193 / S, Of Tylomos Registrar.	(Signed) Mullius (Address) Anacomus (IIII
If more blanks are needed, address State Régistre	str, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(ES)
County allegany	Registration Dist. No.
Village or City Eckals Med Ny	nanol// une St., Ward
Length of residence In city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME / Sources Meluid.	
(a) Residence: No. Astrusu Minis	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (month day and year) Oct 3- 1931	
6. DATE OF BIRTH (month, day, end year)  7. AGE Yoars Months Days If LESS than	I last saw h. elive on
11/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, Jufoux	Maluetution Date of onser
9. Industry or business in which	
work was done, es StLK MILL, SAW MILL, BANK, etc	
11. Total time (yeers) sport in this occupation (month and year)	
12. BIRTHPLACE (city or town) allegace	Dther Cantributory Causes of importance:
(State or country)	Contract Con
13. NAME Harry 4. Sechect	
13. NAME Harry 4. Sections  14. BIRTHPLACE (city or town) Allegary	Name of operation home Date of
(State or country)	What test confirmed diagnosis? Juspeal et Was there an autopsy?
15. MAIDEN NAME Voler Maris Useulrout	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Voler Maris Usen Pout	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT M Hawy 9. Curaero (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place T / M Chall Com Date // 13/	Nature of injury
19. UNDERTAKER A DUIST	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED 127, 1931 A 1 OF Line	(Signed) A William of Man (6)
Registrar.	(Address) Q Q Con Makey

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death. not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
dones	May 1,1923	Gastroenteritis	1 year

25	

Exact statement of OCCUPA-

properly classified.

he

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATH
County allegany	Registration Dist. No.
Parla:	NoSt.,Ward feath occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Man aut Lu Shaller	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  J. COLOR OR RACE  White    S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Lugle	21. DATE OF DEATH OFT. (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jeb. 7, 1931	
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.	Few Jestin bes
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SFIK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and	Robobly Browns Prumaria
10. Date deceased last worked et this occupation (month and yeer)	
12. BIRTHPLACE (city or town) Rawlings M.S. (State or country)	Other Contributory Causes of importance:
13. NAME Samuel Shaffer	
13. NAME Samuel Shaffer  14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of country)	Whet test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Dayry Bell Barnle	23. If death was due to external causes (VfOL ENCE) filf in also the following:  Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or couplry)	Where did injury occur?
17. INFORMANT S. C. Shaffer (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Date 14 1921	Manner of Injury
19. UNDERTAKER - Faculy (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED . 1/13, 193/ M. J. Vanuales Registrar.	(Signed) suff. Hayler M. D. (Address) Cembelon red
	N. C. L. C.

If more blanks are needed, address State Registrar, 2411 N. Charles Stylet, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decease had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

d cause of death and related causes be were as follows:	Date of onset
	1
shsh	1 week ago
reet car	1 week ago
	3 days ago
butory causes of importance:	1 year
	is

STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA 1. PLACE OF DEATH should item of Registration Dist No. County Village or City death occurred in a hospital or institution, give its NAME instead of street and namber) . How long In U.S. if of foreign birth?\_ PHYSICIANS statement 2. FULL NAME St., (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) Female . 193 (Month) (Day) (Year) classified CT 5a. If married, widowed, or divorced HUSBAND of John . A. Siebert (or) WIFE of × Aug 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at stated 1 day, The PRINCIPAL CAUSE OF DEATH and related causes of importance or .... min. were as follows Date of onset 8. Trade, profession, or particular THIS OCCUPATION kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.\_\_\_\_ be 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... may pluods 1D. Data deceasad last worked at 11. Total time (years) spent in this this occupation (month and AGE so that occupation \_\_ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) OF DEATH in plain terms, Loggdon. FATHER 13. NAME See 14. BIRTHPLACE (city or town). (State or country) What test confirmed diagnosis?\_\_\_\_ Was there an autopsy? be carefully MOTHER 15. MAIDEN NAME 23. If death was dua to external causes (VIDL ENCE) fill in also the following: important Accident, sulcide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19\_\_\_\_\_ 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. 17. INFORMANT should very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury\_\_\_\_ TION 24. Was disease or injury in any way related to occur 19. UNDERTAKER (Address) If so, specify (Signed) Registrar.

BINDING

FOR

RESERVED

S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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th and related causes ows: VOV 5 1931	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
VOV 5 1931		Attack of epilepsy	1 week ago
	1001		- wood ayo
	1921	Run over by street car	1 week ago
TREAT VS	July 5, 1927	Peritonitis	3 days ago
1			
of importance:		Other contributory causes of importance:	
	May 1,1923	Gostroenteritis	1 year
	(	of importance:	of importance:  Other contributory causes of importance:

ADDITIONAL SPACE FOR FURTHER STATEM	ENTS BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH state nfor WITHIN COPPORAT 1. PLACE OF DEATH OCC plnods County Registration Dist. No Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city of town where How long in U.S. if of foreign birth?. statement 2. FULL NAME (a) Residence: No. (Usual place of abode) It nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR\_OR RACE 21. DATE OF DEATH DIVORGED (water the word) PERMANENT 193 CTL (Month) (Year) BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of That I attended deceased from H 6. DATE OF BIRTH (month, day, and year) certificate proper 7. AGE Years Months If LESS than FOR to have occurred on tha date stated abova, at. stated I day, min. Date of onset 8. Trado, profession, or particular 10-8-31 ARGIN RESERVED THIS. OCCUPATION kind of work done, as SPINNER, be be jo SAWYER, BOOKKEEPER, etc ... back may 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc .... on 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this that occupation . instructions Other Contributory Causes of importance: 80 12. BIRTHPLACE (city or town) (State or country) supplied. terms, FATHER See 14. BIRTHPLACE (city or town) (Stata or country) be carefully What test confirmed diagnosis?.. in pl MOTHER important. 15. MAIDEN 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Data of injury\_\_\_\_ DEATH 16. BIRTHPLACE (city ar town) (Stata or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. should 17. INFORMAN very (Address) OF Manner of injury WRITE CAUSE mation Nature of injury LION 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify ż Registrar. If more blanks fresneeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis.		Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis .	1 year

ARGIN RESERVED FOR BINDING

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County allegary	CORPORATE LIMITS Registration Dist. No. 11575
Village or City Completed WITHIN	
	No. St., Ward If death occurred in a horpital of statution, give in NAME instead of sweet and number)
Length of residence in city or town where death occurred	ds. How long in 6. S. if of foreign birth?yrs mos ds.
2. FULL NAME Many B. Soct	he
(a) Residence: No. 614 O Still	st., 3 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
4. COLOR QR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Homse White ORDWORCED (write the word)	Octuber 13 , 1931 (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of	
(or) WIFE of Xt. Lorses Sollke	22. I HEREBY CERTIFY. That I attended deceased from  1931, to Out., 13  1931
6. DATE OF BIRTH (month, day, and year)	I last saw her alive on Oct. 13 - 1931; death Is said
7. AGE Years Months Days If LESS than	to hava occurred on the date stated above, at 3.400m.
State - 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
9 Frade profession or postinular	Collapsed Fracher Fullaring Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	thermedestanny- trachen was
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Thattened dure to present from
O   10. Date deceased last worked at   11. Total time (years)	Vous logs thymid
this occupation (month and spent in this occupation occupation	
12, BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	
13. NAME Francis Brokens	A
13. NAME  14. BIRTHPLACE (city or town)	Name of operation Thyromaldura, Date of 10-13.21
(State of country)	What test confirmed diagnosis? Infulture Was there an autopsy? kp
15. MAIDE AND COMPANY AND COMPANY OF THE PROPERTY OF THE PROPE	2 83. If death was due to external causes (WOLENCE) filf in also the following:
	Accident, suicide, or homicide? Date of injury, 19,
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT L. L. Soule	Specify whether Injury occurred in fNDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL OREMATION OR REMOVAL	Barragian 'AMAAA
ello leter + Paul la Och 17,031	Manner of injury Manner
01 - 1ti 9	
19. UNDERTAKER ZANO SULLA (Address)	24. Was disease or injury in any way related to occupation of deceased?
00 × 1/ 3/ 4000 - 4/16	(Signed) Medliku, M.D.
20. FILED C. 19. 19. Registrar.	Pa, (Address) In Brafin H. Cump mr.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1 / I	3:1	Example II		
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Arterioselerasis	191ő	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	. 1921	Run over by street car	1 week ago	
Corebral hemarrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 11576		
1. PLACE OF DEATH	(19)  Registration Dist. No.  St. Ward		
County allegany	Registration Dist. No. 4		
(If Length of residence in city or town where the ath occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)  How long In U.S. if of foreign birth?yrsmos ds.		
	Steen- a to		
2. FULL NAME Charles Frederick	3 3		
(a) Residence: No. 436 Chesant (Usual place of abode)	St., Sward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That Lattended deceased from		
A 0	Oct 9 ,183/, to 00/2 ,193/		
6. DATE OF BIRTH (month, day, and year) July 24 - 31	I last saw h alive on Oco / , 19 d ); death is said		
7. AGE Years Months Days If LESS than 1 day,hrs. ornin.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset		
8. Trade, profession, or particular kind of work done, as SPINNER.	Date of onset		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILL	trolun treferde		
D SAW MILL BANK etc.	4		
10. Date deceased last worked at this occupation (month and spent in this year) occupation			
350 - L. A	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town)	Orhans		
13. NAME Charles Steres I.			
13. NAME Clarker Stewart  14. BIRTHPLACE (city or town) - Mayland	Name of operation . Date of		
(State or country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Column Milchwell	23. If death was due to external causes (VIOLENCE) fill in also the following:		
15. MAIDEN NAME Column Rischwell  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19		
State or country)	Where did injury occur?		
17. INFORMANT Clarles Stangarty (Address) 4.36 Pleasen & All City	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Photose Toill lane Date OCT 15, 1931	Nature of injury		
19. UNDERTAKER Journ Stain Jug (Address) Cumberland Md.	24. Was disease or injury in any way related to occupation of deceased?		
20. FILE Oct. 14, 1931. Hawey Hilleria	(Signed) Calary Man M. D.  (Address) 4/ Emarca Cambra of Land		
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

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Example I		Example II		
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Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenleritis	1 year	

ADDITIONAL S.	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County College Control	Registration Dist. No. 9
Village or City	No. / St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or down where death occurredyremos	
2. FULL NAME (Mayrele () Gr	la Momas
(a) Residence: No. 7 7 Regueration	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5-SINGLE MARRIED. WIDOWED.	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OX DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Ceehand Shownes	9-26-1921 to 10-18 1951
6. DATE OF BIRTH (month, day, and year) 8 _ /4 - /9/0	I last saw h. C. alive on Oct. /6. 1931; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
2 4 1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	
A. Hade, professing, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which Tork was dona, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this corruption (month and	Jane Carciae alla.
Ork was dona, as SILK MILL, SAW MILL, BANK, etc	Calcu
O 10. Date deceased last worked at this occupation (month and year)	
La cheman 1710	Other Confibutory Causes of impertance:
12. BIRTHPLACE (city or town) (State or coundy)	Co d Gel Co The
W 13. NAME (Credtan oly	
13. NAME (14. BIRTHPLACE (city or town).	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Choda Lancase	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME (Lived of Series and Control of Control	Accident, suicide, or homicida? Data of injury, 19
(State er country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Allegany Date Det 20, 193/	Nature of injury
19. UNDERTAKER J. J. December 1	24. Was disease or injury In any way related to occupation of daceased?
(Address) / A Coppaged med	If so, specify
20. FILED 20, 31, 24, 0 M (Cong)	(Signed) M. D
Registrar.	(Address) fra

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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RESERVED

ARGIN

(Approved by U. S. Census and American Fublic Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocnature of the business or industry, and therefore an er," etc., without more precise special actions, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

st\_ted unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid "E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, approved (Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condivgd Committee on Nomenclature Chronic etc. The contributory valvular heart "Ilaemorrhage, disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	ALLEGANY		- CDDOP	ATE LIMITS Registration Dist. No.  No. MEMORIAL HOSP LTAL St., death occurred in a hornital or institution, give its NAME indeed of street.	4
Village or	city_CUMBERLAN	ID WITH	IIN CORPOR	No. MEMORIAL HOSPITAL St., death occurred in a hospital or institution, give its NAME instead of street	Wa
Length of re	esidence in city or town where d		/**	dealt occurred the another of mandaton, give its tvalve instead of street	
2. FULL N	AME HARRY	. UMSTO	T		
	ence: No. 1101 VI			St.,6-3 Ward.	
		(Usual place of	of abode)	If nonresident give city or town	
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEAT	H
MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARK OR DIVORCED · MARR	(write the word)	21. DATE OF DEATH Oct. 31, 1931 (Month) (Day)	, 193 (Year)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced KATHERIN	NE KNOLL		22. I HEREBY CERTIES, That I atter	
6 DATE OF BIRTS	H (month, day, and year) AU	GUST 28	-1882		ريد 19 19 19 19 19 19 19 19 19 19 19 19
	ears Months	Days	It LESS than	to have occurred on the date stated above, at 7:40 AM.	
4	19 2	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	1
	ofession, or particular f work done, as SPINNER,	ROCER		Broncho Pheumania	Date of on
SAWYE	ER, BDDKKEEPER, etc r business in which	TOUER			
Q work v	was done, as SILK MILL, IILL, BANK, etc.				
Date dece	ased last worked et cupation (month and		ne (years) tin this pation		
12. BIRTHPLACE ( State or co	(city or town)_WEST_VI	RGINIA		Diller Caributory Causes of importance:	192
13. NAME	EUGENE UMSTOT	p			
	CE (city or town) WEST or country)	VIRGINI	Α	Name of operation Dete	of entopsy?
15. MAIDEN N	NAME SALLY ARM	OLD		23. If death wes due to external causes (VIDLENCE) fill in also the folio	
16. BIRTHPLA	CE (city or town) WEST	VIRGIN	TA	Accident, suicide, or homicide? Date of injury	
∑ (State	or country)			Where did Injury occur?	
	MEMORIAL HOSE CUMBERLAND.	PLTAL MARYLAN	D	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) PLACE.
18. BURIAL, CREM	ATION, OR REMOVAL	7.		Manner of injury	
Mille	crest andary	Date_//or	<b>-2</b> ,19 <b>3</b> .1.	Nature of injury	/
19. UNDERTAKER (Address)	Jour St	rlan	d md	24. Was disease or injury in any way related to occupation of deceased  If so, specify	, po
			1 .	1//Kanadil	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example 1		Example II		
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Chronic interstitial nephr	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RUBEAU V. 3	July 5, 1927	Peritonitis	3 days ago	
		) or produce			
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH CORPORATE LIMITS Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Year) ERTIFY. That I attended deceased from What test confirmed diagnosis? ..... Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased: If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING FOR ARGIN RESERVED

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Example I			Example II		
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nep	hritis NOV 5 1931	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BULLEU T.S.	July 5,1927	Peritonitis .	3 days ago	
	The second second second second second				
Other contributory c	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEAJ 1000 plnous County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occur statement How long in U.S. if of foreign birth? 2. FULL NAME (a) Residence: N If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR RACE 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT CTL 5a. If married, widowed, or divorced HUSBAND of 22. REBY CERTIFY That I attended deceased from (or) WIFE of × 6. DATE OF BIRTH (month, day, and year) certificate. properl 7. AGE Years If LESS than to have occurred on the date stated above, at - 145 Pm stated 1 day. or ..... min. 8. Trade, profession, or particular THIS CUPATION be kind of work done, as SPINNER. Jo SAWYER, BOOKKEEPER, etc. kmm back 9. Industry or business in which should work was done, as SILK MILL. SAW MILL, BANK, etc ... ADING INK on 10. Date deceased last worked at 11, Total time (years) this occupation (month and spant in this that instructions occupation Other Contributory Causes of importance 08 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER See 14. BIRTHPLACE (city or town) ain (State or country) be carefully What test confirmed diagnosis? 2 MOTHER important. Ŀ. 3. If death was due to external causes (VIOL ENCE) fill in also the following: DEATH Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_, 19\_\_ 16. BIRTHPLAGE (city ar town) (Stata or country) Where did Injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE. 17. INFORMANT plnods very OF (Address) 106 CREMATION. OR Manner of injury CAUSE mation LION Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Attdress) If so, specify (Signed) ż Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

FOR

ARGIN RESERVED

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	Example I	4	Example II		
The principal cause of of importance were as f	death and related causes follows:		The principal cause of death and related causes of importance were as follows:		
		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephric	BURRAU V. S	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURSEU V. S	July 5,1927	Peritonitis	3 days ago	
	The State of the S				
Other contributory caus	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING

V. S. No. 1

		STATE (	OF MAR	YI AND-	CERTIFICATE OF DEATH 11582
1	. PLACE O				131
	County	ALLEGANY		N CORPORA	Registration Dist. No.
1		ity CUMBERLA		N OOTE	No. MEMORIAL HOSPITAL #6- Ward
				1	f death occurred in a hospital or institution, give its NAME instead of street and number)
h,		dence in city or town where			ds. How long In U.S. if of foreign birth?yrsmosds.
2		ME ESTEL			The tite on D
	(a) Residen	ce: No. FLINTS	TUNE, M.	AKYLAND of abode)	St., Ward. Visit and State
	PERSON	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH
	SEX FEMALE	4. COLOR OR RACE WHITE	5. SINGLE, MAI OR DIVORCE MARRT	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH  OCTOBER 31, 1931  (Month) (Day) (Year)
5a.	If married, widow HUSBAND of	ed, or divorced	· MARITAGE		
	(or) WIFE of	JAMES WA	TSON	4	22.   HEREBY CERTIFY, That I attended deceased from
6 1	DATE OF DIPTU	month, day, and year) M	ARCH 21	-1872	I last saw h alive on 10 5/- 19.3 /: death is said
	AGE Yea	month, day, and year,	Days	If LESS than	to have occurred on the date stated above, al: 45 PM.
	58	3 7	10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
OCCUPATION	8. Trade, profes kind of w SAWYER.	ssion, or particular york done, as SPINNER, BDOKKEEPER, etc	HOUSE	WIFE	Chrome Rephritia Date of onset
PAT	9. Industry or	business in which done, as SILK MILL,			10//
CCU	SAW MIL	L, BANK, etc	11 Total	time (years)	Chrome My searling
Ō	this occup	pation (month and	sp3	ent in this	T.
12.	BIRTHPLACE (cit	9 01 101111/	RYLAND		Dther Contributory Causes of importance:
ER	13. NAME	ELIAH WIGF	TELD		
FATHER	14. BIRTHPLACE	(city or town) PE	NNSYLVA	NTA	Name of operation Date of
	(State or	country)			What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NA	ME ELIZABET	H HUTSO	N	23. If death was due to external causes (VIOLENCE) fill in also the following:
101		(city or town)PENN	SYLVANI	Δ	Accident, suicide, or homicide?, 19, 19, 19
-	(State or	country)			Where did injury occur? (Specify city or town, county and State)
	(Address)	MEMORIAL H		AND	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18.	//	ION, OR REMOVAL	hal ha	v 3 1931	Manner of injury
	Place LON	O Sugarian	7/	/	Nature of injury.
19.	UNDERTAKER	Jolan 6	Nolfrag	9	24. Was disease or injury in any way related to occupation of deceased?
	(Address)	2 2 1 J	riging	410	If so, specify (Signed) Trut- X William and De
20.	FILED Q.	J., 192 . XI	wrey)	Registrar.	(Address)
1	F. WILL	IAMS If more	blanks ar neded,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis	NOV 5 1021	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	The minutes	July 5, 1927	Peritonitis	3 days ago	
	AURTATV	8. 1		74.	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

SIAIL OF	MARYLAND-	CERTIFICATE OF DEATH 11583
1. PLACE OF DEATH  County Allegany,  Village or City Cumberland	MA WITHIN C	No. Memorial Hospital St. 6-/ Ward
Length of residence in city or town where deat	\n	death occurred in a northan of manualon, give is 19751712 instead of sitest and number/
2. FULL NAME Gladys (a) Residence: No. 209 Mar		1 St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH
3. SEX Female 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH Ocother 27, (Oay) (Year)
5a. If merried, widowed, or divorced HUSBANO of (or) WIFE of  Virgil Web	er.	22. I HEREBY CERTIFY, That Lettended deceased from 22 193/4 0452 1931
	v 15. 1912.	I last saw h. alive on Oct. 27 , 193/ ; death is said
7. AGE Years Months 19	Oays  If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	ousewife	Surana of Minus the
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date description (month and	11. Total time (years)	bot 18
year)	spent in this occupation	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town). West V.	irginia,	of the mounou meder
Harry Blac	kburn,	Etter of seared attrust
14. BIRTHPLACE (city or town) West V. (State or country)	irginia,	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIOEN NAME Gertrude	Carlisle,	23. If death wes due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) West Vi	rginia,	Accident, swieide, or homicides the Date of injury 19.3/ Where did injury occur? Of the board, Cauchd had
17. INFORMANT Memorial Hos (Address) Cumberland.		(Specify city or town, county and Slate) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL N. La	Date Oct 30, 1931	Manner of injury Auror of Utrus
19. UNOERTAKER Amo St. (Address)	in Ine	24. Was disease or injury in any way related to occupation of deceased?
20. FILED CX . 30, 1931. Ha	wey Hule Registrar.	(Signed A Coulomb M. D. (Address) (Address)
If more bla	nks needed address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	ample I		Example II	
The principal cause of dear of importance were as follows:	h and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1931	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUFLAU V.	July 5, 1927	Peritonitis	3 days ago
	altitude &	~		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATER	IN CORPORATE LIMITS (2-a) Registration Dist. No.
County Allegany.	Registration Dist. No.
Village or City	No. Wellesan Strate & Ward
(If Length of residence In city of town where death occurred	death occurred in a hore all or institution fave its NAME instead of treet and number)  ds. How long In U.S. if o coreign birth?
12 0 20 W	us. How long in 0.0.11 oppoletin bitth:yismusus.
2. FULL NAME Showel U. //	ema
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OF DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of Cor) WIFE of Della.	22. Sels 15 1931 to Des 1 1931
6. DATE OF BIRTH (month, day, end year) alm 1876	I last law h relive on Sels 30 193/; death is said
7. AGE Yeers Months Deys If LESS 'than	to have occurred on the date steted above, at 3. A.m.
About 55 - 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importence were es follows:
S Trede, profession, or particular kind of work done, as SPINNER,	Oate of ourset
	Cerebral nemontage Ino
a Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
Oate deceased last worked at this occupetion (month and spent in this	
year) oesupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	f
(State or country)	Allere oclesson Type
13. NAME Ogras Wenner	
14. BIRTHPLACE (city or town).	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Plant Brief	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Ins Wella Weimer (Address) Policies Insumation	Where did injury occur?
18. BURIAL, CREMOTION, OR BEMOVAL	Manner of injury
Place Marmus no VOT V, 1931	Nature of Injury
19. UNDERTAKER Lomio Stein Ind. (Address)	24. Wes disease or injury in any wey related to occupation of deceased?
20. FILED Ct. 2, 1931. Havey H. Weiss Registrar.	(Signed) Miller G. Omand, M. D. (Address) Samuel 2 mil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting T. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Ex	cample I	All Controls	Example II	
The principal cause of dear of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	The Property of the Parket of	1921	Run over by street car	1 week ago
Cerebral hemorrhage	NO7 5 1931	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:	8.	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	11585
County allegacy	No. Registration Dist. No.
	Traiu
(If Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Jane Philables W	Plans
(a) Residence: No. 424 Malhat (Usual place of abode)	St., Ward.  1f nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,  Timble White 5. SINGLE, MARRIED, WIDOWED,  Opivorced (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Par)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Henry	19 to Oct 3/01 193/
6. DATE OF BIRTH (month, day, and year) April 9. 1861	I last saw h. A. alive on Oct. 3 1 2 1931; death is said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at 4:15 p.m.
70 0 V or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc  10 Date deceased last worked at this occupation (month and	Chronic advertites hor
work was done, as SILK MILL, SAW MILL, BANK, etc	pombly
	Fa 18
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	Story!
	College sport
E	Lullishla hiphills it
14. BIRTHPLACE (city or town) (State or country)	Name ef operation Date of Was there an autopsy? 200
15. MAIDEN NAME Quality Street	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME CALLED STORY  16. BIRTHPLACE (city er town)	Accident, suicide, or homicide? Date of injury 19
X (State or country) Cugard	Where did injury occur?
17. INFORMANT A January Williams (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place the little little pate 100, 19.31	Nature of Injury
19. UNDERTAKER JOULS HOLD JULE	24. Was disease or injury in any way related to occupation of deceased? No
(Address) Currelland Till	If so, specify
20. FILED LOV- 2, 1931. Havey Hileise Registrar.	(Signed) Charles J. Jordan M. D.  (Address) Charles Lilled J. H. J.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 5 1931	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	Fuly 5, 1927	Peritonitis	3 days ago
la constitution of the con			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIN

MARGIN RESERVED FOR

CORD be carefully supplied. EATH in plain terms s TH UNFADING INK--THIS SE OF DI CAUS information

PLACE OF DEATH Exact supplied. ACE should be stated EXACTLY, P n terms so that it may be proberly classified. See instructions on back of certificate. PERSONAL AND STATISTICAL PARTICULARS SINGLE, COLOR OR RACE 3 SEX WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH 6 (Day) (Month) (Year) Ilf LESS than 7 AGE I day ..... hrs. min.? OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry very important. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF CIANS should state CAUSE of etatement of OCCUPATION IS 11 BIRTHPL PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHE 13 BIRTHPLACE OF MOTHER (State or Country) Every Item of CIANS should BEST OF MY KNOWLEDGE (Informant) OR REMOVAL 19 PL (Address 15 Filed Registres If more blanks are needed, eddre.s Ltate Registrar, 16 W. Saratoga St./Balto., Requesting V. S. No. 1.

# STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)  (If death occurred a hospital or institution, give its NAME istead of street an number.)	u-
MEDICAL CERTIFICATE OF DEATH	=
16 DATE OF DEATH COX /4 , 13/	
(Month) (Day) (Year)	
(Month) (Day) (Year)	1
that I last sow ht. Melive on CC 14	L.
and that death occurred on the date stated above, at	m,
The CAUSE OF DEATH * was as follows:	
iretrospinal fiver	
(Durstion) yre. mos 3	ls.
Contributory Secondary  (Durstion)  (Durstion)  (Signed)  (Address Army M.  (Address Army M.)	de.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)	28-
At place In the Statemosds, Stateyrsmosds,	ds.
Where was disease contracted, f not at place of deach?	
Former or	

σž

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return" Laborer," "Foreman," "Manager, worked on may form part of the second statement. Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile factory. The material 3 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typboid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; approved by Examples: Accidental drowning; Struck by railway traintions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY Committee on Chronic valvular heart disease; nephritis, etc. The contributory Nomenclature of the contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STA	ATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	96
1. PLACE OF DEATH				TOTE LIMITS 89-00	50
	egany	nd. Md	WITHIN C	CORPORATE LIMITS Registration Dist. No.  No. Allegany Hospital St. 44	) 
vinage of only			(	If death occurred in a hospital or institution, give its NAME instead of street and fun	nbet)
Length of residence in city or	town where d	eath occurred	yrsmo	s. 8 ds. How long in U. S. if of foreign birth?yrsmos.	d
2. FULL NAME	Horo	the 1	Vitte	I (WILT)	
(a) Residence: No.	Rid	gelley (Uspalplace	off abode)	St., Ward. Plagelly W.	ale
PERSONAL AND	STATISTI	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR O	R RACE		RIED, WIDOWED. D (write the word)	21. DATE OF DEATH Oct. 17, 1931-	000 A
5a. If married, widowed, or divorced			7	(Month) (Oay)	(Year)
HUSBANO of (or) WIFE of			0	22.   HEREBY CERTIFY. That I attended dec	eased fro
		16 70	1929	- OUT & 193 ( to OUT 17	., 19. 3.
6. DATE OF BIRTH (month, day, en	d year)	May 10	1929		leath is sa
7. AGE Years	Months	Oeys	tf LESS than 1 dey, hrs.	to have occurred on the date stated above, at	
			ormin.	were as follows:	ate of onse
8. Trade, profession, or pertice kind of work done, as S SAWYER, BOOKKEEPER,	PINNER,			82 O. fo O taletis Mas di	
9. Industry or business in whi	ich			2 marie Carlo	
work was done, as SILK SAW MILL, BANK, etc	MILL,	• •		Scarcing Comments	
10. Date deceased last worked this occupation (month a year)	et ind	sp3	ime (years) ntin this upation	Carron Commo	
12. BIRTHPLACE (city or town) (State or country)	A	d	~~~~	Other Contributory Causes of importance:	
1 8)	6711	-1110		125000000000000000000000000000000000000	
13. NAME  14. BIRTHPLACE (city or town).	6. 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
(State or country)				Name of operation	W ==
	arv Wi	lson		What test confirmed diagnosis? Was there an auto	psy?
15. MAIDEN NAME	30-17			23. If death was due to external causes (VIOL ENCE) filt in also the following:	
15. MAIDEN NAME  16. BIRTHPLACE (city or town).			2	Accident, suicide, or homicide? Oate of injury	., 19
(State or country)	rv Wil	gon		Where did injury occur? (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
(Address)	0,	, Cumb	erland.	1.3	
18. BURIAL, CREMATION, OR REMO Place Rose Hil	VACEW	Oate Oct	.20,37	Manner of injury	
19. UNOERTAKER John . ( (Addiess) Clamb	J.Wolf	ord		24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO 2	31.14	wey	HWe	If so, specify Walter B. July	M.
			Registrar.	(Address) Ta Calfud	b
	If more	blanks are needed,	address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. Cumberland	1. Md

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	Example I	.	Example II	
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Chronic interstitial nephr	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Ditte a lat at a	July 5,1927	Peritonitis	3 days ago
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		1		

ARGIN RESERVED FOR BINDING

1	PLACE OF DE		JE MIAK		CERTIFICATE OF DEATH	88
1.	County Al	leasen	~		CORPORATE LIMITS Registration Dist. No.	farmer .
	Village or City	1	Mari	/ WITHIN	No. 703 Columbia St.	2 War
		mm			f death occurred in a hospital or institution, give its NAME instead of street and n	namber)
		n city or town where	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?mo	08
2.	FULL NAME	min	Mr A	inngi	wrac	
	(a) Residence: No	. 103 2	(Usual place	of abode)	St., Ward.  If nonresident give city or town and	State
	PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	wale	OLOR OR RACE	5. SINGLE MAR OR D. VORCE	RIED, WIDOWED,	21. DATE OF DEATH (Month) (Day)	, 193. (Year)
5a. If	married, widowed, or	divorced				4
(	or) WIFE of				22. I HEREBY CERTIFY, That I attended	19 2
6. DA	TE OF BIRTH (month	day, and year)	et 1	3 1931	I last saw h alive on Oct 13 192/	; death is s
7. AGE		Months	Days	If LESS than	to have occurred on the date stated above, at _/(\$0 p.m.	
			3	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of ons
Z	Trade, profession, o	or particular one, as SPINNER,	0			- Cate of one
PATION	SAWYER, BOOK	KEEPER, etc	(nm	·	Arminga Dans	109
CUP	ndustry or busines work was done, SAW MILL, BAN	as SILK MILL, IK, etc				Coop,
0 1	Dato deceased last this occupation	worked at	11. Total t	ime (years) ntin this		-
	year)		oct	upation	Other Contributory Causes of importance:	
12. BI	RTHPLACE (city or to	wn) Ind			- Al	
2 .	(State or country)	o n	Qu-	11	Armon bay ambilie	- tel
=  -	B. NAME	in !	Juni	Legion	A	-
¥ 14	I. BIRTHPLACE (city of (State or country)		201.		Name of operation Date of	
œ 1!	S. MAIDEN NAME	Ena.	Slo.		What test confirmed diagnosis?	
MOTHER	6. BIRTHPLACE (city of	or town)	total	2	Accident, suicide, or homicide?	
Σ	(State or count		Pa		Where did Injury occur?	
17. IN	FORMANT //	M my	night	red.	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, In HOME, or io PUBLIC PLA	ACE,
18. BU	Place Place	The C	ng pate Oct	1 17.19.31	Manner of injury	
	4	. 17	in 9	ne	24. Was disease or injury in any way related to occupation of deceased?	
19. UN	(Address)	man	den		If so, specify	

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, inechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PURPART VI 5				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—  1. PLACE OF DEATH  County Cullisans	NITHIN COHPORATE Registration Dist. No.
Village or City Combuland Md	No. 105 Wills Calk for St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME  (a) Residence: No. / 5 / Kells Crush And (Usual place of abode)	sds. How long In U. S. if of foreign birth?yrsmosds.  St.,   Ward
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)  White Manied	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carlos Suite  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. or min.  8. Trade, piofession, or particular kind of work done, as SPINNER kind of work done, as SPINNER work was dona, as SILK MILL, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  U 10. Date deceasad last worked at 11. Total time (years)	22. I HEREBY CERTIFY, That I attanded deceased from 22 193/, to 5 24 , 193/. I last saw h.l. 193/. death is said to have occurred on the date stated abova, at 6 5 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Oate of onset 10-23/.
this occupation (month and spant in this occupation  12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importance:  Chronic Interstated Naphritis  to may Annual agr ghild
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Nama of operation Data of What test confirmed diagnosis? Loc Was there an autopsy? No.
15. MAIDEN NAME AT RECORD 16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT W. 34 Country	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL CREMATION, OR REMOVAL  Mose Thill ansetery Date Oct 26, 19.3.1	Manner of injury
19. UNDERTAKER Jacin Stein June 19. (Address) Mod.	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED CX 26, 1931, Harrey H. Weistrar.	(Signed) W. D. Eming M. D. (Address) 6.7 N. Contry &

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I  The principal cause of death and related causes of importance were as follows:  Date of onset			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SHOHIVER	1915	Attack of epilepsy	1 week ago	
Chronic interstitud nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhoge	NOV 5 1931	July 5, 1927	Peritonitis	3 days ago	
	BURDATI IT Q				
Other contributory causes	s of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

1	Or-	state	JPA-	
A.	RECORD. Every item of Nor-	PHYSICIANS should state	1000	
	y iten	Ssh	t of	,
	Ever	CIAN	Rmen	
	OKE.	HXSI	stal	
-	REC	Pl	Exact statement of OCCUPA-	

# STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH	950
County allegans.	Registration Dist. No.
Village or City Constelland	IN CNO. Harding are + Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birther yrsmos ds.
2. FULL NAME Mary A. Zenbower	
(a) Residence: No. 242d (Usual place abode)	— St. Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE MARRIED, WIDOWED, OR MINORCED (refite the word)	21. DATE OF DEATH Oct. 30, 1931 (Month) 43 (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Examuel Zembowers	22. I HEREBY CERTIFY, That I attended deceased from Oct. 18,1931 19 to Oct. 30, 1931 19
6. DATE OF BIRTH (month, day, end year) Una 20-1855	last saw her alive on Oct. 29, 1931, 1938 c death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
76 2 10 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Acute Myocarditis Deteofonset
SAWYER, BOOKKEEPER, etc. / Tousework	and
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Acute Endocarditis Oct. 16,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this excupation (month and	1931
this occupation (month and spent in this occupation occupation	
. 0	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME A OPEN MO MULOCOM	
E /	W.
14. BIRTHPLACE (city or town)	Name of operation Date of No.
	What test confirmed diagnosis? Phusical Examination P.
E	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city er town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Cleas Bembours	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Centrevelle Japate 105 1,1931	Nature of Injury
19. UNDERTAKER Lagues Flow Justine	24. Was disease or Injury In eny way related to occupation of deceased?No
20. FILED Ct. 31, 1931. Havey H. Weis	(Signed) 3. Johnson M. D.  (Address 3. Johnson V. Wer J.C.
If more blanks are weeded, address State Registrar	2411 N Charles Street Baltimore Requesting TI S No

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Example I		Example II	
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Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Combral honomhage	1921	Run over by street car	1 week ago
Coreoral nemorralyc	July 5, 1927	Peritonitis	3 days ago
11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year